#### Edgar Filing: BAUER JOHN H - Form 4/A

**BALIER IOHN H** 

| Form 4/A<br>April 08, 20   | 11                                      |                   |                |  |   |         |   |  |  |   |  |
|--|---|-------------------|----------------|--|---|---------|---|--|--|---|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION                  |   |                   |                |  |   |         |   | OMB APPROVAL   |  |   |  |
| Washington, D.C. 20549   |   |                   |                |  |   |         | OMB<br>Number:  | 3235-0287  |  |   |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |   |                   |                | CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |   |         |   |  | Expires:<br>Estimated a<br>burden hou<br>response                          |   |  |
| Form 5<br>obligatio<br>may com<br><i>See</i> Instr<br>1(b).              | ns Section 17(                          | a) of the I       | Public U       | tility Hol                                       |   | pany    | Act of  | Act of 1934,<br>1935 or Section<br>)   | L  |   |  |
| (Print or Type l   | Responses)                              |                   |                |  |   |         |   |  |  |   |  |
| BAUER JOHN H Symbol  |   |                   |                | THERAPEUTICS INC                                 |   |         |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                      |  |   |  |
| (Last)<br>501 ELLIO  | (First) (P                              | Middle)<br>FE 400 | 3. Date o      | f Earliest Ti<br>Day/Year)                       | ransaction  |         |   | _X_ Director<br>Officer (give t<br>below)  |  | Owner<br>er (specify  |  |
|  |   |                   | onth/Day/Year) |  |   |         | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |   |  |
| SEATTLE, WA 98119  |   |                   |                |  |   |         | j   | Form filed by More than One Reporting Person   |  |   |  |
| (City)   | (State)                                 | (Zip)             | Tab            | le I - Non-I                                     | Derivative S  | ecurit  | ies Acqu  | ired, Disposed of,   | or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction Date<br>(Month/Day/Year) |                   | Date, if       | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | 4. Securitie<br>our Disposed<br>(Instr. 3, 4)<br>Amount | d of (Ē | ))  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock (1)  | 03/21/2011                              |                   |                | A  | 125,000   | A (D)   | \$<br>0.435   | 1,929,808  | D  |   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

# **Reporting Owners**

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|-------|--|---|---|
|   |   |   |   |                                       | of (D)<br>(Instr. 3,<br>4, and 5)                                      |                     |                    |       |  |   | (Instr  |
|   |   |   |   | Code V                                | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                    | Relationships |           |         |       |  |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|--|
| F   | Director      | 10% Owner | Officer | Other |  |  |  |  |
| BAUER JOHN H<br>501 ELLIOTT AVE W. SUITE 400<br>SEATTLE, WA 98119 | Х             |           |         |       |  |  |  |  |
| Signatures  |               |           |         |       |  |  |  |  |
| Louis A. Bianco, Attorney-in-fact for Bauer                       | 04/08/2011    |           |         |       |  |  |  |  |
| **Signature of Reporting Person                                   |               | Date      |         |       |  |  |  |  |

### **Explanation of Responses:**

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

This Form is being filed to amend the reporting person's Form 4 originally filed on March 23, 2011. The original Form 4 inadvertently reflected (in Table II of that filing) that the reporting person received 125,000 restricted stock units from the issuer on March 21, 2011

(1) that were scheduled to vest 50% on September 21, 2011 and 50% on March 21, 2012. The issuer actually granted the reporting person 125,000 shares of restricted CTIC stock (not stock units) on March 21, 2011, such shares subject to vesting on that same vesting schedule. This Form accurately reports such award on Table I of Form 4 (as opposed to Table II of Form 4).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.