### Edgar Filing: CRITICAL THERAPEUTICS INC - Form 3

#### CRITICAL THERAPEUTICS INC

Form 3

November 04, 2008

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Responses)

1. Name and Address of Reporting Person \*

A Heffernan Michael Thomas

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

10/31/2008

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

CRITICAL THERAPEUTICS INC [CRTX]

4. Relationship of Reporting Person(s) to Issuer

\_X\_ Director

Officer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O CORNERSTONE THERAPEUTICS INC., 2000 REGENCY PARKWAY SUITE 255

(Street)

(Check all applicable)

(give title below) (specify below)

10% Owner Other

6. Individual or Joint/Group

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

CARY, NCÂ 27518

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Form: Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of Price of Derivative

Derivative

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

Security:

## Edgar Filing: CRITICAL THERAPEUTICS INC - Form 3

Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

**Reporting Owners** 

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Heffernan Michael Thomas

C/O CORNERSTONE THERAPEUTICS INC. 2000 REGENCY PARKWAY SUITE 255

X Â Â Â

CARY, NCÂ 27518

**Signatures** 

/s/ David Price, attorney in fact for Michael T. Heffernan pursuant to a power of attorney

11/03/2008

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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.

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