6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

Edgar Filing: CELL THERAPEUTICS INC - Form 3

CELL THERAPEUTICS INC Form 3 February 03, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Title of Derivative Security

(Instr. 4)

1. Name and Address of Reporting Person <u>*</u> Ignagni Karen			2. Date of Event Requi Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CELL THERAPEUTICS INC [CTIC]				
· · · ·	,	(Middle)	01/31/2014		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
3101 WESTERN AVENUE, SUITE 600				(Chec	k all applicable))			
(Str SEATTLE, WA	reet) AÂ 9812	21		X Directu Officer (give title belo			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (Sta	ate)	(Zip)	Table	I - Non-Deriva	Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)				unt of Securities ially Owned)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
Reminder: Report on owned directly or inc	directly. Persons informa requirec	s who resp tion conta t to respor	ch class of securities ber wond to the collection ined in this form are nd unless the form d IB control number.	n of not	SEC 1473 (7-02	2)			
Table	II - Deriv	ative Secur	ities Beneficially Own	ed (e.g., puts, calls	s, warrants, op	tions, c	onvertible securities)		

3. Title and Amount of

Securities Underlying

Amount or

Number of

Shares

Derivative Security

(Instr. 4)

Expiration Title

4.

Conversion

or Exercise

Derivative

Price of

Security

5.

(I)

Ownership

Derivative

Security:

Direct (D)

or Indirect

Form of

2. Date Exercisable and

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

OMB APPROVAL OMB 3235-0104 Number: January 31, 2005

Estimated average burden hours per response... 0.5

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	r 10% Owner	Officer	Other		
Ignagni Karen 3101 WESTERN AVENUE, SUITE 600 SEATTLE, WA 98121	ÂX	Â	Â	Â		
Signatures						
/s/ Louis A. Bianco, Attorney-in-fact for K Ignagni	Laren	01	01/31/2014			
<u>**</u> 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).

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Remarks: Exhibit Index

Â Â Â Â Ê xhibit 24 - Power of Attorney

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.