## Edgar Filing: CELL THERAPEUTICS INC - Form 4

| CELL THE<br>Form 4<br>April 19, 20   | RAPEUTICS INC                           | 2             |   |  |                          |  |  |   |             |  |
|--|---|---------------|---|--|--------------------------|--|--|---|-------------|--|
| FORM   | ЛД                                      |               |   |  |                          |  |  |   | APPROVAL    |  |
| <b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br>Washington, D.C. 20549  |   |               |   |  |                          |  |  | N OMB<br>Number:  | 3235-0287   |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |   |               |   |  |                          |  | Estimate<br>burden h<br>response   | Estimated average<br>burden hours per<br>response 0.                |             |  |
| <i>See</i> Inst 1(b).  | ruction                                 | 30(h)         | of the I  | nvestment  | Compai                   | ny Act of 1  | 940  |   |             |  |
| (Print or Type   | Responses)                              |               |   |  |                          |  |  |   |             |  |
| NUDELMAN PHILLIP M PHD S:  |   |               |   | er Name <b>and</b><br>THERAP                     |                          |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                      |   |             |  |
| (Last) (First) (Middle) 3.   |   |               | [CTIC]<br>3. Date of Earliest Transaction<br>(Month/Day/Year)<br>04/18/2005 |  |                          | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below) |  |   |             |  |
| Filed(Month/Day/Year) Applicable Line)   _X_ Form filed by   |   |               |   |  | One Reporting            | oint/Group Filing(Check<br>Dne Reporting Person<br>fore than One Reporting   |  |   |             |  |
|  |   |               |   |  |                          |  | Person   |   |             |  |
| (City)   | (State)                                 | (Zip)         | Tab   | ole I - Non-I                                    | Derivative               | Securities A   | cquired, Disposed  | of, or Benefic  | ially Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) |               | Date, if  | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | Disposed<br>(Instr. 3, 4 | (A) or<br>of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or Indirec<br>(I)<br>(Instr. 4) | Indirect    |  |
| Reminder: Re   | port on a separate line                 | e for each cl | ass of sec  | urities benef                                    | ficially ow              | ned directly of  | or indirectly.   |   |             |  |
| Persons who respond to the collection of SEC 1474<br>information contained in this form are not (9-02)<br>required to respond unless the form<br>displays a currently valid OMB control<br>number.   |   |               |   |  |                          |  |  |   |             |  |
|  | Tab                                     |               |   |  |                          | posed of, or<br>convertible :  | Beneficially Owner<br>securities)  | d   |             |  |

| 1. Title of | 2.         | 3. Transaction Date | 3A. Deemed         | 4.        | 5. Number of  | 6. Date Exercisable and | 7. Title and Amou |
|-------------|------------|---------------------|--------------------|-----------|---------------|-------------------------|-------------------|
| Derivative  | Conversion | (Month/Day/Year)    | Execution Date, if | Transacti | iorDerivative | Expiration Date         | Underlying Secur  |

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| Security<br>(Instr. 3)                          | or Exercise<br>Price of<br>Derivative<br>Security |            | any<br>(Month/Day/Year) | Code<br>(Instr. 8) | Securities<br>Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | (Month/Day/Y        | ear)               | (Instr. 3 and 4) |                        |
|---|---|------------|-------------------------|--------------------|--|---------------------|--------------------|------------------|------------------------|
|   |   |            |                         | Code V             | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title            | Am<br>or<br>Nu<br>of S |
| Non-Qualified<br>Stock Option<br>(right to buy) | \$ 3.59   | 04/18/2005 |                         | А                  | 10,000   | 04/18/2005          | 04/18/2015         | Common<br>Stock  | 10                     |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |          |  |  |  |  |
|---|---------------|-----------|---------|----------|--|--|--|--|
|   | Director      | 10% Owner | Officer | Other    |  |  |  |  |
| NUDELMAN PHILLIP M PHD<br>501 ELLIOTT AVENUE WEST<br>SUITE 400<br>SEATTLE, WA 98119 | Х             |           |         |          |  |  |  |  |
| Signatures  |               |           |         |          |  |  |  |  |
| Victoria Lea, Attorney-in-fact for<br>Nudelman                                      | Phillip M     | Ι.        | 04/     | /19/2005 |  |  |  |  |
| <b>**</b> Signature of Reporting Per  | son           |           |         | 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).

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.