Edgar Filing: CTI BIOPHARMA CORP - Form 4

	IARMA CORP									
Form 4 March 21, 2	2017									
FORM	ЛЛ								PPROVAL	
	UNITED	STATES	CS SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 DF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						3235-0287	
Check t	agor								January 31,	
if no lor subject Section Form 4	to SIAIE 16.	MENT OF							2005 average urs per . 0.5	
Form 5 obligation may con <i>See</i> Inst 1(b).	ons fitinue. Section 17	(a) of the H	Public U	Itility Hol	ding Co		nge Act of 1934, c of 1935 or Sectio 1940	n		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Craig Adam R			2. Issuer Name and Ticker or Trading Symbol CTI BIOPHARMA CORP [CTIC]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		of Earliest T			(Chec	k all applicabl	le)	
``´		(induic)	(Month/	Day/Year)	ransaction		X Director		% Owner	
	IOPHARMA 01 WESTERN A)	VE.,	03/20/2	2017			X Officer (give below)	below) belows	ner (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
SEATTLE	, WA 98121						Form filed by N Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed o	f, or Beneficia	ally Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution	d	3. Transactio	4. Securi nAcquired	ties l (A) or	5. Amount of 6 Securities F	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)		any (Month/Da	y/Year)	Code (Instr. 8)	Disposed (Instr. 3,	4 and 5) (A)	Owned (D) or Indirect I) Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Re	port on a separate lin	e for each cla	uss of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforı requi	nation con red to resp ays a curre	spond to the collec tained in this form ond unless the for ntly valid OMB con	are not m	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	Beneficially Owned securities)			
		saction Date /Day/Year)			4. Transact	5. Number tiorDerivative			7. Title and Amount o Underlying Securities	

Edgar Filing: CTI BIOPHARMA CORP - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (M Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Option (Right to Buy)	\$ 4.24	03/20/2017		A	1,200,000		(1)	03/19/2027	Common Stock	1,200,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
Craig Adam R C/O CTI BIOPHARMA CORP. 3101 WESTERN AVE., SUITE 600 SEATTLE, WA 98121	Х		See Remarks				
Signatures							
/s/ Bruce J. Seeley, Attorney-in-fact for Adam R.							
Craig			03/21/2017				
<u>**</u> 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).

The stock options will vest in six equal semi-annual installments over a three-year period beginning March 20, 2017, subject to Dr. Craig's continued employment by CTIC through the applicable vesting dates. The options will fully vest, to the extent then outstanding and unvested, if either (i) Dr. Craig's employment is terminated by CTIC without "Cause" or by him for "Good Reason" following a

(1) change in control of CTIC or (ii) Dr. Craig's employment is terminated due to his death or "Disability" (as such terms are defined in Dr. Craig's Employment Agreement). Of the total award, stock options covering 80,000 shares were granted under CTIC's 2015 Equity Incentive Plan and the balance were granted on a stand-alone basis (not under CTIC's 2015 Equity Incentive Plan) in accordance with NASDAQ Listing Rule 5635(c)(4).

Remarks:

Chief Executive Officer and President

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.