Edgar Filing: Capstone Therapeutics Corp. - Form 4

| Capstone Therapeutics Corp Form 4 January 02, 2013 | | | | | | | |
|--|--------------------|---|--|--------------------------------------|---|--|--|
| FORM 4 UNITED |) STATES SE | CURITIES AND EXCHANGE Washington, D.C. 20549 | E COMMISSION | | PPROVAL 3235-0287 | | |
| Section 16. Form 4 or | | WNERSHIP OF | Expires: Estimated a burden hou response | urs per | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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. Name and Address of Reportin HOLLIMAN JOHN M III | Syı | Issuer Name and Ticker or Trading | Issuer | hip of Reporting Person(s) to | | | |
| | | pstone Therapeutics Corp. [CAP | S] (Chec | k all applicable | e) | | |
| (Last) (First) 1275 W. WASHINGTON S SUITE 101 | (M | Date of Earliest Transaction onth/Day/Year) /01/2013 | below) | X Officer (give title Other (specify | | | |
| (Street) TEMPE, AZ 85281 | | f Amendment, Date Original d(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | (7) | | Person | | | | |
| (City) (State) | (Zip) | Table I - Non-Derivative Securities A | | | - | | |
| 1.Title of2. Transaction DataSecurity(Month/Day/Year)(Instr. 3) | Execution Date any | 3. 4. Securities c, if TransactionAcquired (A) or Code Disposed of (D) ear) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | SecuritiesFBeneficially(4)Owned(6)Following(7)ReportedTransaction(s)(Instr. 3 and 4) | Form: Direct D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. | | | | | | | |
| | | information con required to resp | spond to the collec tained in this form ond unless the forr ntly valid OMB con | are not m | EC 1474 (9-02) | | |

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

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Y | ear) (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
|--------------------------------------|------------------------------------|--------------|-----------------|--|---------------------|--------------------|-----------------|-------------------------------------|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) | \$ 0.17 | 01/01/2013 | А | 10,000 | 01/01/2013 | 01/01/2023 | Common Stock | 10,000 |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | |
|---|------------|---------------|-------------------|-------|--|
| | | or 10% Owner | Officer | Other | |
| HOLLIMAN JOHN M III 1275 W. WASHINGTON STREET, SU TEMPE, AZ 85281 | ЛТЕ 101 Х | | Executive Chairma | n | |
| Signatures | | | | | |
| /s/ Les M. Taeger, Attorney in-fact | 01/02/2013 | | | | |

<u>**</u>Signature of Reporting Person

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).

Date

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.