## Edgar Filing: CTI INDUSTRIES CORP - Form 4

CTI INDUST	RIES CORP											
Form 4												
December 30	, 2015											
FORM	4								-	PPROVAL		
	UNITE	D STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this							Expires:	January 31,				
if no longer subject to STATEMENT OF CHANGE					ES IN BENEFICIAL OWNERSHI				Estimated a	2005 average		
Section 16		SECURITIES					burden hours per					
Form 4 or Form 5								response	0.5			
obligation	<b>^</b>						•	e Act of 1934,				
may conti	Section 1			•	•	· ·		f 1935 or Sectio	n			
See Instru	ction	30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type R	esponses)											
(Third of Type R	esponses)											
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	Name and	Ticker or '	Fradir	σ	5. Relationship of	Reporting Pers	son(s) to		
KOMAR SA		<b>-</b>	Symbol	Name <b>and</b> Ticker or Trading				Issuer				
Symbol				DUSTRIES CORP [CTIB]								
			3. Date of Earliest Transaction					(Check all applicable)				
(Last)	(First)	(Middle)			insaction			_X_ Director	100	Owner		
				Month/Day/Year) 12/28/2015				_X_ Director10% Owner Officer (give title Other (specify				
			12/20/20					below)	below)			
(Street) 4. If Amer			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
Filed(Mont												
								_X_Form filed by C	1 0			
BARRINGT	ON, IL 60010	)						Person	Nore than One Re	porting		
(City)	(State)	(Zip)	Tabl	a I Non D	omivotivo (	loour	tion A or	wined Disposed of	f on Donoficial	ly Owned		
								uired, Disposed of		-		
1.Title of Security	2. Transaction I		emed 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Month/Day/Ye	any							(D) or Beneficial			
(11647.5)		-						Owned		Ownership		
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(1130. 5 and 4)				
Common Stock	12/28/2015			М	7,500	А	\$ 2.88	7,500	D			

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

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number iomof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)1((	
Incentive				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option Grant - Right to Buy	\$ 2.88	12/28/2015		М		7,500	09/30/2015	12/30/2015	Common Stock	7,500

## Edgar Filing: CTI INDUSTRIES CORP - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
KOMAR SAMUEL 22160 NORTH PEPER ROAD BARRINGTON, IL 60010	Х							
Signatures								
Gerald M. Miller, Attorney in Fa Komar	el	12/30/2015						
**Signature of Reporting Pers		Date						
Explanation of Responses:								

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.