## Edgar Filing: CTI INDUSTRIES CORP - Form 4

CTI INDUS	<b>FRIES CORP</b>												
Form 4													
April 01, 201	15												
<b>FORM</b>	14								~ ~		PPROVAL		
	UNIT	ED STATES				ND EXC D.C. 205		NGE	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer										Expires:	January 31,		
-	subject to STATEMENT OF CHANGES				S IN BENEFICIAL OWNERSHIP OF					Estimated	2005 average		
Section 1	on 16. SECURITIES						burden ho	urs per					
Form 4 o Form 5			Castian 14	(a) af	41a a	C	an Fr		A -t -f 1024	response	. 0.5		
obligation		-							ge Act of 1934, of 1935 or Sectio	'n			
may cont	inue.		) of the Inv	•		•				)11			
See Instru 1(b).	liction	50(II)	) of the m	vestille	11t <b>x</b>	compan.	y 1100	. 01 17	10				
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(Print or Type F	Responses)												
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1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading         MERRICK STEPHEN M       Symbol						5. Relationship o Issuer	r Reporting Per	(\$) 10					
Symbol				I INDUSTRIES CORP [CTIB]									
									(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of			insaction			X Director	<b>V</b> 10	% Owner		
				onth/Day/Year) /31/2015					X_ Officer (giv		tle Other (specify		
		-	00/01/20	,10					below) President	below) t, Secretary, Di	rector		
	(Etwaat)		4 TC A	1 4	<b>р</b> (	0.1.1				-			
				Amendment, Date Original l(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			Thea(Mon	ui/Day/1	car)				_X_Form filed by	One Reporting P	erson		
BARRING	ON, IL 6001	0							Form filed by I Person	More than One R	eporting		
(City)	(State)	(Zip)											
(City)	(State)	(Zip)	Table	e I - Non	1-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction		3. 4. Securities e, if TransactionAcquired (A) or Code Disposed of (D)						6. Ownership				
Security (Instr. 3)	(Month/Day/Y	on Date, if						Securities Beneficially	Form: Direct (D) or	Beneficial			
(110470)		any (Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership		
									Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				Cada	v	Amount	or (D)	Drico	(Instr. 3 and 4)				
				Code	v	Amount	(D)	Price			Limited		
Common	03/31/2015			Р		250	А	\$	790,992	I	Liability		
Stock								4.1	,		Comment		

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)

Company

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MERRICK STEPHEN M 22160 NORTH PEPPER ROAD BARRINGTON, IL 60010	Х	Х	President, Secretary, Director					
Signatures								
Gerald M. Miller, Attorney in Fac Merrick	ct Stepher	n M.	04/01/2015					
<u>**</u> Signature of Reporting Pe	rson		Date					
Explanation of Responses:								

## LICSH

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.