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CRITICAL THERAPEUTICS INC Form 3 November 04, 2008 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Reporting Person <u>*</u> Baldwin Chenyqua Michele			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CRITICAL THERAPEUTICS INC [CRTX]			
(Last)	(First)	(Middle)	10/31/2008	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Orig Filed(Month/Day/Year)		

C/O CORNERSTONE THERAPEUTICS INC., Â 2000 **REGENCY PARKWAY SUITE** 255

(Street)

(State)

CARY, NCÂ 27518

(City)

1.Title of Security	2. Amour
(Instr. 4)	Beneficia
	(Instr. 4)

(Zip)

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

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

> Ownership (Instr. 5)

4. Nature of Indirect Beneficial

Table I - Non-Derivative Securities Beneficially Owned

Ownership

Form: Direct (D) or Indirect (I) (Instr. 5)

nt of Securities ally Owned

SEC 1473 (7-02)

10% Owner Director _X__Officer Other (give title below) (specify below) Vice President Finance

3.

(Check all applicable)

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OMB APPROVAL

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other		
Baldwin Chenyqua Michele C/O CORNERSTONE THERAPEUTICS INC. 2000 REGENCY PARKWAY SUITE 255 CARY, NC 27518	Â	Â	Vice President Finance	Â		
Signatures						
/s/ David Price, attorney in fact for Chenyqua Baldwin pursuant to a 11/ power of attorney	/03/2008					
**Signature of Reporting Person		Date				
Explanation of Responses:						
No securities are beneficially owned						

* If the form is filed by more than one reporting person, see Instruction 5(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.