HAGELSTEIN DAVID A

Form 4 July 06, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB and

OMB APPROVAL

Number:

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Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction See Instruction 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> HAGELSTEIN DAVID A

2. Issuer Name **and** Ticker or Trading

Symbol

07/01/2009

ROCKWELL MEDICAL
TECHNOLOGIES INC [rmti]

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Last)

(First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

__ Director ___X__ 10% Owner ___ Officer (give title ____ Other (specify

36801 WOODWARD AVE, STE

(Street)

313

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 ___ Form filed by More than One Reporting

Person

BIRMINGHAM, MI 48009

	(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative S	Secur	ities Ac	quired, Disposed	of, or Benefici	ally Owned
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securitin(A) or Dis (Instr. 3, 4)	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	common stock	07/01/2009		Р	10,000			1,536,000	I <u>(1)</u>	Owned by self as trustee of the David Hagelstien Charitable Remainder Trust
	common stock	07/02/2009		P	5,000	A	\$ 7.76	1,541,000	I (2)	Owned by self as trustee of

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the David Hagelstein Charitable Remainder Trust

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.

SEC 1474 (9-02)

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. Transac Code (Instr. 8	5. etionNumber of Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	(Month/Day ive es ed ed	Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code	V (A) (Γ	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Keiationsinps						
	Director	10% Owner	Officer	Other			
HAGELSTEIN DAVID A 36801 WOODWARD AVE STE 313 BIRMINGHAM, MI 48009		X					

Signatures

Reporting Person

David
Hagelstein

**Signature of 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).

Reporting Owners 2

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- (1) Of the 1,536,000 shares of common stock 1,030,000 are owned directly and 506,000 are owned by self as trustee of the David Hagelstein Charitable Remainder Trust.
- (2) Of the 1,541,000 share of common stock 1,035,000 are owned by self and 506,000 are owned by self as trustee of the David Hagelstein Charitable Remainder Trust.

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.