FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>HENRIKSEN RONALD D</u>							2. Issuer Name and Ticker or Trading Symbol CYTORI THERAPEUTICS, INC. [CYTX]										o of Reporting Person(s) to Iss dicable) tor 10% Ow			
(Last) (First) (Middle) 3020 CALLAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/12/2011										Office below	er (give title V)	Other (specify below)		
(City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne)	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Da			Code (Inst						4 and Se Be Ow		5. Amount of Securities Beneficially Dwned Following Reported		rship irect direct 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) or)	Price	Trans		ction(s) 3 and 4)			(30. 4)			
Common Stock 08/12/							2011		P		900		A	\$3.0	089 5		3,992	D		
Common Stock 08/12/2									P		1,100)	A	\$3.098		60,092		D		
		Та							,		sed of, onvertib				y Owi	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Date, Transaction				6. Date E Expiratio (Month/D	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of Sha	nber res						

Explanation of Responses:

Remarks:

<u>Jonathan E. Soneff, By Power of Attorney For: Ronald D.</u>

08/12/2011

Date

Henriksen

** Signature of Reporting Person

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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).