FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

wasnington, D.C. 20549	
STATEMENT OF CHANGES IN BENEFICIAL (	OWNERSHIP

vvasinigton,	D.C. 20040	

	OMB APPROVAL								
	OMB Number:	3235-0287							
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l	hours per response:	0.5							

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

									_								
Name and Address of Reporting Person*  Cinese Tings				2. Issuer Name and Ticker or Trading Symbol  CYTORI THERAPEUTICS, INC. [ CYTX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Girao Tiago</u>		- 1	<u> </u>						1	Director	•		10% Ow	ner			
/I aat)	/5	:rot\	(Middle)	3.	Date of Earliest Transaction (Month/Day/Year)					<del></del>	Officer below)	(give title		Other (s below)	pecify		
(Last)	(F	irst)	(Middle)	0:	1/04/2	2016				,			VP 8	Chief Fi	inanci	ial Officer	
3020 CALLAN RD.																	
(Street)				[4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In Line	dividual or Jo	oint/Group	Filing (	(Check App	icable		
SAN DII	EGO C	A	92121							Y Form fil	ed by One	Repor	rting Person				
(0:1)			( <del></del>	-							Form filed by More than One Reporting Person			ing			
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of S	Security (Ins	tr. 3)		ansactio						5. Amour				. Nature of			
Date			Execution Date, if any (Month/Day/Yea		e, Transaction Code (Instr.				str. 3, 4 and 5	5) Securities Beneficia				ndirect Beneficial			
(Month)		ширауг			ay/Yea	r) 8)				Owned F	ollowing   (ì) (l		nstr. 4) (	Ownership			
						Code	v	Amount	Amount (A) or P			Reported Transaction(s) Instr. 3 and 4)			Instr. 4)		
								<u> </u>						,			
			Table II - Deri										Owned				
			(e.g.	, puts	s, cal	ls, warr	ants	, option	s, c	onverti	ble secu	ırıtıes)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of 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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	is liy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Employee Stock Option	(1)	01/04/2016		A		349,830		(2)	0	1/04/2026	Common Stock	349,830	\$0	619,83	30	D	

## **Explanation of Responses:**

- 1. The reporting person received an incentive stock option granted under the Corporation's 2014 Equity Incentive Plan. The exercise price per share to be paid by the reporting person at the time the option is exercised shall be the closing sale price of the Corporation's Common Stock on the NASDAQ Stock Market as of the date of the grant. The closing sale price is \$0.1872.
- 2. Twenty percent (25%) of the option shares shall vest on January 4, 2017 with the remaining option shares vesting in 36 equal monthly installments thereafter.

## Remarks:

<u>Jeremy Hayden, By Power of</u> Attorney for: Tiago Girao

01/04/2016

\*\* Signature of Reporting Person

Date

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

- \* 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.

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.