FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| 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

| 1. Name and Address of Reporting Person*  RICKEY DAVID   |   |  |   |         |                          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  CYTORI THERAPEUTICS, INC. [ CYTX ] |  |        |  |        |                  |  | ] (Che   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                                     |  |                                       |  |
|--|---|--|---|---------|--------------------------|--|--|--------|--|--------|------------------|--|--|---|---|-------------------------------------|--|---------------------------------------|--|
| MCKET DAVID  |   |  |   |         |                          |  |  |        |  |        |                  |  | 2  | Directo   | r   |                                     | 10% Ow   | ner                                   |  |
| (Last) (First) (Middle)  |   |  |   |         |                          | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2007                            |  |        |  |        |                  |  |  | Officer<br>below)   | (give title   |                                     | Other (s<br>below)   | pecify                                |  |
| C/O CYTORI THERAPEUTICS, INC.  |   |  |   |         |                          |  |  |        |  |        |                  |  |  |   |   |                                     |  |                                       |  |
| 3020 CALLAN ROAD   |   |  |   |         |                          |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |        |  |        |                  |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)             |   |                                     |  |                                       |  |
| (Street) SAN DIEGO X1 92121  |   |  |   |         |                          |  |  |        |  |        |                  |  | X Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |   |                                     |  |                                       |  |
| (City)   | (S  | tate)                                      | (Zip)   |         |                          |  |  |        |  |        |                  |  |  |   |   |                                     |  |                                       |  |
|  |   | Tal  | ole I - Non   | -Deriva | ative                    | e Se   | curitie  | s Ac   | quired, Di   | ispo   | osed of          | , or Ber   | neficiall  | y Owned   |   |                                     |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |  |   |         | Day/Year) if a           |  | 2A. Deemed<br>Execution Date,<br>f any<br>(Month/Day/Year) |        | Code (Instr. 5)  |        |                  |  | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported                          | es For<br>ally (D)<br>Following (I)                                     |   | : Direct I<br>Indirect E<br>str. 4) | 7. Nature of Indirect Beneficial Ownership                               |                                       |  |
|  |   |  |   |         |                          |  |  | Code V |  | Amount | (A) or<br>(D)    | Price  | Transact<br>(Instr. 3 a  | ion(s)  |   |                                     | (Instr. 4)   |                                       |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |         |                          |  |  |        |  |        |                  |  |  |   |   |                                     |  |                                       |  |
|  |   |  |   | e.g., p | uts,                     | Can  | 1  | _      |  |        |                  |  |  |   |   |                                     |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Ye | Co      | e, Transact<br>Code (In: |  |  |        | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |        |                  | 7. Title and An<br>of Securities<br>Underlying<br>Derivative Sec<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>Illy                      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   | Co      | ode                      | v  | (A)  | (D)    | Date<br>Exercisable  |        | kpiration<br>ate | Title  | Amount<br>or<br>Number<br>of<br>Shares   |   |   |                                     |  |                                       |  |
| Non-<br>Qualified<br>Stock<br>Option<br>(Right to<br>Buy)  | \$5.44  | 02/26/2007                                 |   |         | A                        |  | 20,000   |        | 03/26/2007 <sup>(1)</sup>                                  | 02     | 2/26/2017        | Common<br>Stock  | 20,000   | \$0   | 200,00  | 00                                  | D  |                                       |  |

## **Explanation of Responses:**

1. The options vest 1/24th each month from the date of grant.

## Remarks:

Jonathan E. Soneff, By Power of Attorney For: David Rickey

02/28/2007

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.