FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| 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* COX MARSHALL G | | | | | | 2. Issuer Name and Ticker or Trading Symbol CYTORI THERAPEUTICS, INC. [XMPA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|--|-------|------------------------------|--|-------|---|--------|------------------------------|--------------------|---------------------|--|--|---------|---|---|--|---|---|--|--|
| (Last) | (Fir | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2005 | | | | | | | | | | X | X Director Officer (give title below) | | | 10% Owner Other (specify below) | | |
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi Line) X | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | Co | ansact | | | | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Co | ode ' | v | Amount | | (A) or (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock 11/17/2 | | | | | | 2005 | | | | S | | 10,000 | | D | \$8.96 | | 542,616 ⁽¹⁾ | | | D | | |
| Common Stock 11/18/2 | | | | | | 2005 | | | | S | | 2,500 | | D \$8 | | 8.7 | 542,616 | | D | | | |
| Common Stock 11/18/ | | | | | | | 2005 | | | S | | 10,000 | | D | \$8.84 | | 542,616 | | | D | | |
| | | Та | .ble II - I | | | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of | | Expi | ate Exe ration nth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | nstr. 3 | Deri Sec (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | | | | Expiration Date | Title | or Nu of | nount mber ares | | | | | | | | |

Explanation of Responses:

1. This number does not reflect 5,334 shares owned by the spouse of Mr. Cox. Mr. Cox disclaims beneficial ownership of the securities owned by his spouse, and this report shall not be deemed an admission that Mr. Cox is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

<u>Marshall G. Cox</u> <u>11/21/2005</u>

** 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.