FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(h)

			*																		
1. Name and Address of Reporting Person* <u>CALHOUN CHRISTOPHER J</u>							2. Issuer Name and Ticker or Trading Symbol CYTORI THERAPEUTICS, INC. [ XMPA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 3020 CALLAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2005									X Officer (give title Other (specify below)  Chief Executive Officer							
(Street) SAN DIEGO CA 92121					-   4.   -	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	y) (State) (Zip)											. 515611									
		Tal	ble I - N	lon-Deri	vativ	re Se	curi	ties Ad	quire	d, Di	sposed o	f, or Be	enefic	cial	ly Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)				5. Amount or Securities Beneficially Owned Follor Reported		Form: Di (D) or Inc		7. Nati Indired Benefi Owner	ct icial rship	
									Code	v	Amount	(A) or (D)	Price		Transaction( (Instr. 3 and				(Instr. 4)		
Common Stock 12/01/20						005			Х		50,000	A	\$0.3	15	50,000	)	D				
Common Stock															100,000		I		By TTMC Investments, Inc. <sup>(1)</sup>		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															'						
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year) 8		4. Transa Code ( 8)		of Deri Seci Acq (A) ( Disp of (E	umber vative urities uired or oosed o) (Instr. and 5)	6. Date Expirat (Month	tion Da			rities ing ve Secu		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or	ount nber ıres							
Employee Stock Option (Right to Buy)	\$0.15	12/01/2005			x			50,000	01/01/1	1999 <sup>(2)</sup>	01/01/2009	Commor Stock	<sup>n</sup> 50,	000	\$0	94	18,750	D			

## **Explanation of Responses:**

- 1. These shares are held of record by TTMC Investments, Inc., and Mr. Calhoun has sole voting and investment power with respect to the shares held by TTMC Investments, Inc. Mr. Calhoun disclaims beneficial ownership of these securities, except to the extent he has a pecuniary interest in the securities, and this report shall not be deemed an admission that Mr. Calhoun is the beneficial owner of such securities for purpose of section 16 or for any other purpose.
- $2. \ The \ Employee \ Stock \ Options \ vested \ 25\% \ on \ the \ first \ anniversary \ from \ the \ date \ of \ grant \ (01/01/1999) \ and \ at \ a \ rate \ of \ 1/48 th \ each \ month \ thereafter.$

12/02/2005

\*\* 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.