FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPRO | VAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* HAYDEN JEREMY B. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CYTORI THERAPEUTICS, INC. [CTYX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|---|--|--|--|--------|-------------------------------|---|--|------|--|-----|------------------|--|--------------------------------------|--|---|--|------------------------------------|--|--|--|
| (Last) (First) (Middle) 3020 CALLAN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2017 | | | | | | | | X | below) | | sel & | below) | | |
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non | -Deriv | vativ | e Se | curities | s Ac | quired, D | isp | osed o | f, or Be | neficia | lly | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) or ed Of (D) (Instr. 3, 4 an | | | 5. Amour Securitie Beneficia Owned F Reported | s ally ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | , | Amount | (A) or (D) | Price | Trancact | | ion(s) | | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, | 4. Transa Code (l 8) | | of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form Direct or Inc. (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | | Date Exercisable | | xpiration ate | Title | Amoun or Numbe of Shares | 1 | | | | | | |
| Incentive Stock Option (right to | \$1.55 | 03/08/2017 | | | A | | 42,000 | | (1) | 03 | 3/08/2027 | Common Stock | 42,00 | | \$0.00 | 42,000 | 0 | D | | |

Explanation of Responses:

1. Option shares shall vest and become exercisable over four (4) years in forty-eight consecutive monthly installments.

Remarks:

Jeremy B. Hayden

03/10/2017

** 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.