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IMARX THERA Form 4 August 02, 2007		NC									
FORM 4									PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								NOMB	3235-02	287	
Check this box if no longer				U U			Expires:	January	31, 005		
subject to Section 16. Form 4 or	STATEN	AENT OI	F CHAI	NGES IN SECUI	ICIAL OV	WNERSHIP OF	Estimated burden hou response	ed average hours per			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> ONTIVEROS KEVIN			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		IMARX THERAPEUTICS INC [IMRX]				(Check all applicable)					
(Last)	3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify						
C/O IMARX TH INC, 1635 EAS			(initial Day) (tear)below)below)07/31/2007VP, Legal Affairs & Genl Couns								
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
		(7.)					Person				
(City)	(State)	(Zip)					cquired, Disposed o		-		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Day/Year)			Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: Report o	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
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 control number.SEC 1474 (9-02)											
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount	of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	s D

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Security or Exercise (Instr. 3) Price of Derivative Security		any (Month/Day	//Year)	Code (Instr. 8)	Securitie Acquired or Dispo (D) (Instr. 3, and 5)	(A) sed of	(Month/Day/	/Year)	(Instr. 3 and	4) (
					Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 5	07/31/2007			А	30,665		<u>(1)</u>	07/31/2017	Common Stock	30,665
Reporting Owners											
Reporting Owner Name / Address		Relationships									
		Director	10% Ow	mer Of	ficer			Other			
ONTIVEROS KEVIN C/O IMARX THERAPEUTICS INC 1635 EAST 18TH STREET TUCSON, AZ 85719				V	P, Legal .	Affai	rs & Genl C	Couns			
Signa	tures										
Kevin O	ntiveros	08/02/2007	7								

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) The option vests in four (4) equal installments on each of July 31, 2008, 2009, 2010 and 2011, and may be exercised prior to vesting, subject to certain rights of repurchase by the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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