

CRITICAL THERAPEUTICS INC  
 Form 3  
 November 04, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB  
 Number: 3235-0104  
 Expires: January 31,  
 2005  
 Estimated average  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
 SECURITIES**

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 Responses)

1. Name and Address of Reporting  
 Person \*

Â Lutz Steven Michael  
 (Last) (First) (Middle)

C/O CORNERSTONE  
 THERAPEUTICS INC.,Â 2000  
 REGENCY PARKWAY SUITE  
 255  
 (Street)

CARY,Â NCÂ 27518  
 (City) (State) (Zip)

2. Date of Event Requiring  
 Statement

(Month/Day/Year)  
 10/31/2008

3. Issuer Name **and** Ticker or Trading Symbol  
 CRITICAL THERAPEUTICS INC [CRTX]

4. Relationship of Reporting  
 Person(s) to Issuer

5. If Amendment, Date Original  
 Filed(Month/Day/Year)

(Check all applicable)

\_\_\_\_ Director \_\_\_\_ 10% Owner  
 \_X\_ Officer \_\_\_\_ Other  
 (give title below) (specify below)  
 Executive Vice President

6. Individual or Joint/Group  
 Filing(Check Applicable Line)  
 \_X\_ Form filed by One Reporting  
 Person  
 \_\_\_\_ Form filed by More than One  
 Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
 (Instr. 4)

2. Amount of Securities  
 Beneficially Owned  
 (Instr. 4)

3. Ownership  
 Form:  
 Direct (D)  
 or Indirect  
 (I)  
 (Instr. 5)

4. Nature of Indirect Beneficial  
 Ownership  
 (Instr. 5)

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

SEC 1473 (7-02)

**Persons who respond to the collection of  
 information contained in this form are not  
 required to respond unless the form displays a  
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security  
 (Instr. 4)

2. Date Exercisable and  
 Expiration Date  
 (Month/Day/Year)

3. Title and Amount of  
 Securities Underlying  
 Derivative Security  
 (Instr. 4)

4. Conversion  
 or Exercise  
 Price of  
 Derivative

5. Ownership  
 Form of  
 Derivative  
 Security:

6. Nature of Indirect  
 Beneficial Ownership  
 (Instr. 5)

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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lutz Steven Michael C/O CORNERSTONE THERAPEUTICS INC. 2000 REGENCY PARKWAY SUITE 255 CARY, NC 27518			Executive Vice President	

## Signatures

/s/ David Price, attorney in fact for Steven M. Lutz pursuant to a power of attorney

11/03/2008

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.

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