Edgar Filing: CTI INDUSTRIES CORP - Form 4

CTI INDUST	RIES CORP											
Form 4												
October 09, 2												
FORM	$ 4 _{\text{UNITE}}$	П СТАТЕС	SECUE	ITIES A	ND FY(THAT	NCF	COMMISSION	r	PPROVAL		
	UNITE	DSIAILS		hington,			NGE (201011011551014	OMB Number:	3235-0287		
Check this	s box		•• a5	inington,	D.C. 20.	 /				January 31,		
U	if no longer subject to STATEMENT OF CHANGE					CIA	LOW	NERSHIP OF	Expires: 200			
subject to Section 16		SECURIT						Estimated average burden hours per				
Form 4 or									response 0.			
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
See Instru		30(h)	of the Inv	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type R	esponses)											
(i iiii oi ijpe ii												
1. Name and Ad	ddress of Reportin	ng Person <u>*</u>	2. Issuer	Name and	Ticker or '	Tradin	ıg	5. Relationship of	Reporting Pers	son(s) to		
BROWN STANLEY M Symbol								Issuer				
-				OUSTRIES CORP [CTIB]					1 11 1 11	all applicable)		
(Last)	(Last) (First) (Middle) 3. Date of 1				ansaction			(Check all applicable)				
			(Month/D	n/Day/Year)				_X_ Director10% Owner				
22160 NORTH PEPER ROAD 10/08/			10/08/20	/2007				Officer (give title Other (specify below) below)				
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
r neu(mont							_X_ Form filed by One Reporting Person					
BARRINGT	ON, IL 60010							Form filed by N Person	Nore than One Re	eporting		
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date 2A			3. 4. Securities Acquired					6. Ownership			
Security (Instr. 3)	(Month/Day/Yes	ar) Execution any	on Date, if	Transaction(A) or Disposed of Code (D)			d of	Beneficially (Form: Direct (D) or	Indirect Beneficial Ownership		
(Instr. 5)		-	Day/Year)	(Instr. 8)					Indirect (I)			
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Cala V	A	or	D.::	(Instr. 3 and 4)				
Common				Code V		(D)	Price \$					
Stock	10/08/2007			М	2,976	А	ф 2.31	7,282	D			
Stoon							2.01					

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

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	Transaction of Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 5 ((
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 2.31	10/08/2007	М		2,976	10/12/2002	10/12/2007	Common Stock	2,976	

Reporting Owners

Reporting Owner Name / Address		Relationsh						
I B	Director	10% Owner	Officer	Other				
BROWN STANLEY M 22160 NORTH PEPER ROAD BARRINGTON, IL 60010	Х							
Signatures								
Jonathan K. Miller, Attorney in Brown		10/09/2007						
**Signature of Reportin		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).

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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