Fischer Laurent

Form 3

| July 25, 2017 | , | | | | | | | | | |
|--|------------------|--|---|--|---|--|-----------------------------------|--------------------|--|--------------------------------|
| FORM | 3 ^{UN} | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | ON | OMB APPROVAL | | |
| | | | | Vashington, D.C. 20549 | | | | OMB Number: | 3235-0104 | |
| | INITIAL STATEMEN | | | | T OF BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: Estimated a | January 31, 2005 average |
| | | on 17(a) of | t to Section 1 the Public U 0(h) of the In | tility Holdi | ng Company | Act of 193 | | 4, | burden hou response | irs per |
| (Print or Type R | esponses) | | | | | | | | | |
| Person Statement | | | Statement (Month/Day/Y | Year) | ^g 3. Issuer Name and Ticker or Trading Sy CTI BIOPHARMA CORP [CTIC | | | | bol | |
| (Last) | (First) | (Middle) | 07/21/2017 | | 4. Relationshi Person(s) to I | ip of Reporting ssuer | | | nendment, D Ionth/Day/Yea | Date Original ar) |
| C/O CTI BIO CORP., 31 AVE., SUIT | 01 WEST | | | | | all applicable) |) | × × | 2 | |
| | (Street) | | | | X Director Officer (give title below | r 10% Other w) (specify below | ow) F | 'iling(0 X_ For | vidual or Joir Check Applica m filed by On | ible Line) |
| SEATTLE,Â | X WAÂ 98 | 8121 | | | | | _ | | m filed by Mo 1g Person | re than One |
| (City) | (State) | (Zip) | | Table I - N | lon-Derivat | tive Securit | ies Bene | eficia | lly Owned | 1 |
| 1.Title of Secur (Instr. 4) | ity | | | 2. Amount of Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Natur Ownersl (Instr. 5) | hip | ndirect Benet | ïcial |
| Common Sto | ock, no pa | r value per | share | 0 | | D | Â | | | |
| Reminder: Repo owned directly o | | | ach class of secu | urities benefici | ially S | EC 1473 (7-02 | 2) | | | |
| | infor requi | mation contaired to respo | pond to the c ained in this f and unless the MB control nu | orm are not e form displ | | | | | | |
| Т | able II - De | erivative Secu | rities Beneficia | lly Owned (e. | g., puts, calls, | warrants, op | tions, con | vertil | ole securities | 5) |
| 1 Title of Daris | untive Secur | ity 2 D | ta Evereisable | and 3 Title | and Amount of | f 1 | 5 | | 6 Natur | a of Indiract |

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | | Derivative | Security: | |

Edgar Filing: Fischer Laurent - Form 3

| Date | Expiration | Title | Amount or | Security | Direct (D) |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date | | Number of | | or Indirect |
| | | | Shares | | (I) |
| | | | | | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Fischer Laurent C/O CTI BIOPHARMA CORP. 3101 WESTERN AVE., SUITE 600 SEATTLE, WA 98121 | ÂX | Â | Â | Â | | | |
| Signatures | | | | | | | |
| /s/ Bruce J. Seeley, Attorney-in-fact for Fischer | ıt | 07/25/2017 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Evalenation of Deene | | | | | | | |

Explanation of Responses:

* 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).

Â

Remarks:

Exhibit Index Exhibit 24 - Power of Attorney

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.