BRATTON KEVIN J

Form 4 May 09, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number: January 31,

OMB APPROVAL

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Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue.

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 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * **BRATTON KEVIN J**

2. Issuer Name and Ticker or Trading Symbol

Issuer

(Last)

(City)

Stock

C/O CYTOGEN

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

CYTOGEN CORP [CYTO]

(Month/Day/Year) 05/08/2008

Director 10% Owner X_ Officer (give title

(Check all applicable)

Sr. VP, CFO

5. Relationship of Reporting Person(s) to

below)

Other (specify below)

Beneficial

Ownership

(Instr. 4)

CORPORATION, 650 COLLEGE

ROAD EAST CN-5308, STE 3100 (Street)

(State)

4. If Amendment, Date Original

Applicable Line)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

PRINCETON, NJ 08540

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

4. Securities Acquired 5. Amount of 3. Transaction(A) or Disposed of Code (D) (Instr. 3, 4 and 5) (Instr. 8) (A)

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported

Transaction(s) (Instr. 3 and 4)

(D) Price Amount

68,000

or

D

Code V Common 05/08/2008 D

0 <u>(1)</u>

D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr. :	3 and 4)		Owne
	Security										Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date			or		
						Exercisable		Title Number of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

BRATTON KEVIN J C/O CYTOGEN CORPORATION 650 COLLEGE ROAD EAST CN-5308, STE 3100 PRINCETON, NJ 08540

Sr. VP, CFO

Signatures

/s/ Kevin J. 05/09/2008 Bratton

**Signature of Date Reporting Person

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).

This restricted stock became fully vested and exercisable upon consummation of the merger described in the Agreement and Plan of Merger dated March 10, 2008, by and among Cytogen Corporation, EUSA Pharma, Inc. and EUSA Pharma (USA). Inc. (the "Merger"

(1) Merger, dated March 10, 2008, by and among Cytogen Corporation, EUSA Pharma, Inc. and EUSA Pharma (USA), Inc. (the "Merger"). In connection with the Merger, these shares were cancelled in exchange for the right to receive \$0.62 per share.

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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