### Edgar Filing: CALLISTO PHARMACEUTICALS INC - Form 4

#### CALLISTO PHARMACEUTICALS INC

Form 4

September 28, 2007

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

OMB Number:

3235-0287

Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

**OMB APPROVAL** 

subject to Section 16. Form 4 or

**SECURITIES** 

Estimated average burden hours per 0.5

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

response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Dalla-Favera Riccardo

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

CALLISTO PHARMACEUTICALS INC [KAL]

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

X\_ Director 10% Owner Officer (give title

(Month/Day/Year)

09/26/2007

Other (specify

C/O CALLISTO

PHARMACEUTICALS, INC., 420 LEXINGTON AVE., SUITE 1609

4. If Amendment, Date Original

(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

(Street)

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person

(Instr. 4)

Form filed by More than One Reporting

NEW YORK, NY 10170

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. Code

(Instr. 8)

4. Securities TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

Following Reported Transaction(s)

(Instr. 3 and 4)

Code V Amount (D) Price

(A)

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	on Date, if Transaction Derivati Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 II S
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 0.47	09/26/2007		A	6,000	<u>(1)</u>	09/26/2017	Common Stock	6,000	
Stock Options	\$ 0.47	09/26/2007		A	1,000	(2)	09/26/2017	Common Stock	1,000	

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# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Dalla-Favera Riccardo
C/O CALLISTO PHARMACEUTICALS, INC.
420 LEXINGTON AVE., SUITE 1609
NEW YORK, NY 10170

X

# **Signatures**

/s/ Riccardo
Dalla-Favera
09/28/2007

\*\*Signature of Reporting 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) 2,000 options will vest on each of September 26, 2008, 2009 and 2010, assuming the holder is a director of the Company on such date.
- (2) All of the options will vest on September 26, 2008, assuming the holder is a director of the Company on such date.

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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