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IMARX THERA Form 4 August 02, 2007		NC								
								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box if no longer subject to Section 16. Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hoi	Expires: January 31, 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17((a) of the l	Public U	Jtility Ho	lding Co		inge Act of 1934, t of 1935 or Section 1940	on		
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> MATSUNAGA TERRY O			2. Issuer Name and Ticker or Trading Symbol IMARX THERAPEUTICS INC				5. Relationship of Reporting Person(s) to Issuer			
		[IMRX]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2007				Director 10% Owner X Officer (give title Other (specify below) below)			
INC., 1635 EAS		0775172007				VP, Research				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)				~ ••	Person			
1.Title of 2. Tr	ransaction Date nth/Day/Year)	2A. Deem	ed Date, if	3.	4. Securi onAcquired Disposed (Instr. 3,	ties l (A) or l of (D)	Acquired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Report of	n a separate line	e for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly.			
					inforı requi	mation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	r Beneficially Owner securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amo	unt of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Secu	rities D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed ((D) (Instr. 3, 4, and 5)	quired (A) Disposed of str. 3, 4,		(Instr. 3 and 4)		S (
				Code V	(A) (I	0) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 5	07/31/2007		А	10,000	<u>(1)</u>	07/31/2017	Common Stock	10,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MATSUNAGA TERRY O C/O IMARX THERAPEUTICS, INC. 1635 EAST 18TH STREET TUCSON, AZ 85719			VP, Research				
Signatures							
Terry Matsunaga by Kevin Ontiveros, Attorney-in-Fact	08/02/2007						
**Signature of Reporting Person			Date				
C/O IMARX THERAPEUTICS, INC. 1635 EAST 18TH STREET TUCSON, AZ 85719 Signatures Terry Matsunaga by Kevin Ontiveros, Attorney-in-Fact		08,	Research /02/2007				

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) The option vests in four (4) equal installments on each of July 31, 2008, 2009, 2010 and 2011, and may be exercised prior to vesting, subject to certain rights of repurchase by the Issuer.

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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