

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

Nuo Therapeutics, Inc.

Form: 4

Date Filed: 2018-08-13

Corporate Issuer CIK: 1091596

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden hours
per response... 0.5

☐ Check this box if no
longer subject to Section
16. Form 4 or Form 5
obligations may continue.
See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the
Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person JORDEN DAVID EMERSON		2. Issuer Name and Ticker or Trading Symbol Nuo Therapeutics, Inc. [AURX]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ☐ Director ☒ Officer (give title below) CEO, CFO ☐ 10% Owner ☐ Other (specify below)			
(Last) (First) (Middle) C/O NUO THERAPEUTICS, INC., 207A PERRY PKWY STE 1		3. Date of Earliest Transaction (Month/Day/Year) 08/09/2018					
(Street) GAITHERSBURG, MD 20877		4. If Amendment, Date Original Filed (Month/Day/Year)		6. Individual or Joint/Group Filing (Check Applicable Line) ☒ Form filed by One Reporting Person ☐ Form filed by More than One Reporting Person			
(City) (State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price

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. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to Purchase Common Stock	\$ 0.40	08/09/2018		A		192,710		08/09/2018	08/09/2025	COMMON STOCK	192,710	\$ 0	192,710	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
JORDEN DAVID EMERSON C/O NUO THERAPEUTICS, INC. 207A PERRY PKWY STE 1 GAITHERSBURG, MD 20877	X		CEO, CFO	

Signatures

/S/ David E. Jorden	08/13/2018
Signature of Reporting Person	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.

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(Print or Type Responses)

1. Name and Address of Reporting Person JORDEN DAVID EMERSON		2. Issuer Name and Ticker or Trading Symbol Nuo Therapeutics, Inc. [AURX]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ☐ Director ☐ 10% Owner ☒ Officer (give title below) ☐ Other (specify below) CEO, CFO			
(Last) (First) (Middle) C/O NUO THERAPEUTICS, INC., 207A PERRY PKWY STE 1		3. Date of Earliest Transaction (Month/Day/Year) 08/09/2018					
(Street) GAITHERSBURG, MD 20877		4. If Amendment, Date Original Filed(Month/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line) ☒ Form filed by One Reporting Person ☐ Form filed by More than One Reporting Person			
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JORDEN DAVID EMERSON C/O NUO THERAPEUTICS, INC. 207A PERRY PKWY STE 1 GAITHERSBURG, MD 20877	X		CEO, CFO	

Signatures

/S/ David E. Jorden	08/13/2018
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