

# CERUS CORP Reported by CORASH LAURENCE M

# FORM 4

(Statement of Changes in Beneficial Ownership)

# Filed 06/24/14 for the Period Ending 06/23/14

Address 2550 STANWELL DRIVE

CONCORD, CA 94520

Telephone 9252886000

CIK 0001020214

Symbol CERS

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





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

# UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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

## 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

1. Name and Add	ress of Re	porting l	Person *	2.	. Issu	ier Name	and Ti	icke	er or T	radi	ng Symb	ool 5. Relation (Check all			Person(s)	to Issuer
CORASH LA	URENC	CE M		C	ER	US CO	RP[	CE	ERS]							
(Last)	(First)	(Mid	ldle)	3.	. Dat	e of Earli	est Tra	nsa	action (	MM/	DD/YYYY		ctor		10% (	Owner
(2431)	(1130)	(1.110											er (give title	e below)	Othe	er (specify
C/O CERUS (	CORPO	RATIO	ON 25	50			6/23	3/2	014			below) <b>Chief Me</b>	d & Scie	ntific Offi	cer	
STANWELL		14111	011, 20									Cinci ivic	u w beie	mine Om	cci	
	(Street)			4. (N	If A	Amendme D/YYYY)	nt, Dat	e O	riginal	File	ed	6. Individo	ual or Joi	nt/Group l	Filing (Che	eck
CONCORD, O	CA 9452	20														
(City)	(State)	(Zip)	)											Reporting Per than One Rep		n
		· 1/										r orm rice	d by More	шап оне кер	orting reiso	
		Table 1	I - Non-I	Deriv	ativ	e Securit	ies Acc	qui	red, Di	ispo	sed of, o	or Beneficially	y Owned			
1.Title of Security (Instr. 3)		2. Tra	ans.	2A. Deemed Execution Date, if	3. Trans Code (Instr. 8)		Acquire Dispose	4. Securities Acquired (A) Disposed of (Instr. 3, 4 and			ount of Securities Beneficially ing Reported Transaction(s) 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
						any	Code	V	Amount	(A) or (D)					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				6/23/	2014		М		25000	A	\$2.28	73	30756		D	
Tabl	le II - Dei	rivative	Securition	es Be	nefi	cially Ov	vned (	e.g.	, puts	, cal	lls, warr	ants, options	, convert	ible secur	ities)	•
1. Title of Derivate Security (Instr. 3)	curity Conversion Date		3A. Deemed Execution Date, if any	4. Trans	5 D S A D	Number of derivative ecurities acquired (A) prisposed of (Instr. 3, 4 and	6. Da and E or D)	6. Date Exercisable and Expiration Date				nd Amount of Underlying e Security nd 4)		9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code	V (A	A) (D)	Date Exerc	eisab	Expir Date	ation	Title	Amount or Number of Shares		(s) (Instr. 4)	7)	
Option (Right to Buy)	\$2.28	6/23/2014		M		25000		(1)	6/28/	2014	Common Stock	25000	(2)	0	D	

### **Explanation of Responses:**

- (1) The option vested in equal monthly installments over 48 months from June 29, 2004.
- (2) Not applicable.

Reporting Owners

reporting o where								
Deporting Orymon Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CORASH LAURENCE M C/O CERUS CORPORATION 2550 STANWELL DRIVE CONCORD, CA 94520	X		Chief Med & Scientific Officer					

### **Signatures**

Laurence M. Corash by Chrystal Menard, attorney-in-fact

6/24/2014

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

- \* 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. 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.