FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
tasimigton,	D.O.	200-0

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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)

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

Name and Address of Reporting Person*     Kraus Al						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cytosorbents Corp</u> [ CTSO ]									(Che	elationship eck all app X Direc	icable)	ng Pers	son(s) to Iss				
(Last)	`	irst) NTS CORPORA	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2023										Office below	r (give title )		Other ( below)	specify			
305 COLLEGE ROAD EAST							If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PRINCE	TON N	J	08540												- 1	X Form	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																				
		Tab	le I - Non	-Deriv	ative	e Se	curit	ties Ac	qu	ired, I	Disp	osed o	f, or B	ene	eficiall	y Owne	d						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,		΄ Ι	3. Transac Code (II 8)				5. Amo Securit Benefic Owned Report	ies ially Following	es Form ally (D) of following (I) (Ir		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	(A) (D)	or	Price	Transa	Transaction(s) (Instr. 3 and 4)			(111341. 4)						
Common Stock 02/06/						/2023				M		12,000 A \$		\$2.65	142	142,046 <sup>(1)</sup>		D					
	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 D if any (Month/Day/	ate, T	4. Transaction Code (Instr 8)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a of Secu Underly Derivati (Instr. 3	rities ing ve S	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
					Code	v	(A) (D)		Da Ex	ate ercisabl		xpiration ate	Title	0 0	Amount or Number of Shares								
Stock Option (right to buy)	\$2.65	02/06/2023			М			12,000		(2)	0	2/06/2023	Commo Stock	n 1	12,000	\$0	0		D				

## **Explanation of Responses:**

1. Includes: (i) the following RSUs that will be settled into common stock upon vesting upon a "Change In Control" of CytoSorbents Corporation (the "Company") as defined in the Amended and Restated CytoSorbents Corporation 2014 Long-Term Incentive Plan: (a) 55,000 RSUs granted on April 8, 2015, (b) 5,000 RSUs granted on June 7, 2016, (c) 6,000 RSUs granted on February 24, 2017 and (d) 3,300 RSUs granted on March 15, 2018; and (ii) 72,746 shares of common stock owned by the reporting person.

2. The stock options were granted to the reporting person on February 6, 2013 and were exercisable on the date of grant.

/s/ Kathleen P. Bloch attorneyin-fact for Al Kraus

02/08/2023

\*\* Signature of Reporting Person

Date

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 Number.