FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	OMB APPROVAL										
OMB Number:	3235-028										
Estimated average	burden										

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

ENEFICIAL OWNERSHIP

Estimated average burden hours per response:

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 Address of Reporting Person* <u>BLOCH KATHLEEN P.</u>						2. Issuer Name and Ticker or Trading Symbol Cytosorbents Corp [CTSO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Interim CFO					
(Last) (First) (Middle) C/O CYTOSORBENTS CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023														
305 COLLEGE ROAD EAST						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) PRINCE	rreet) RINCETON NJ 08540					Form filed by More than One Reporting Person											eporting		
(City)	(S	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	on-Deriva	tive	Secu	rities	Ac	quirec	l, Di	sposed o	f, or B	eneficia	lly Owi	ned				
Date				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					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	Reporte Transac (Instr. 3	ction(s)	,				
Common Stock 05/25/2					.3			P		1,100	A	\$2.8483	3 44,800				See footnote ⁽¹⁾		
Common Stock 05/				05/25/202)23				P		1,100	A	\$2.8394	45,900			I	See footnote ⁽¹⁾	
Common Stock 05/25/20.					23				P		1,100	A	\$2.8481	47,000		I		See footnote ⁽¹⁾	
Common	Stock												397,347(2)(3)(4)		D				
		Tab	le II	- Derivativ					,		oosed of, convertib			y Owne	ed				
Derivative Security	2. Conversion or Exercise Price of Derivative Security		Exed if an	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)			rcisable and Date	7. Title Amour Securi Under Deriva Securi	e and some street stree	i. Price of Derivative Security Instr. 5)	rative derivative rity Securitie		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	·	(A)	(D)	Date Exerc	isable	Expiration Date	1 1	or Number of Shares						

Explanation of Responses:

- $1.\ These shares are held by the Reporting Person's husband in a 401(k) account. The Reporting Person may be deemed the beneficial owner of such shares.$
- 2. Includes: (i) the following RSUs that will be settled into Common Stock 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) 8,800 RSUs granted on March 15, 2018, (b) 15,700 RSUs granted on February 24, 2017, (c) 47,000 RSUs granted on June 7, 2016 and (d) 110,000 RSUs granted on April 8, 2015;
- 3. (continued from footnote 2) (ii) the following RSUs (which vest as to one-third of the award on each of the date of grant, the first anniversary of the date of grant, and the second anniversary of the date of grant, subject to the Reporting Person's continued service as of the applicable vesting date), and will be settled into common stock of the Company upon vesting: 37,000 RSUs granted on August 10, 2022; and
- 4. (continued from footnote 3) (iii) 178,847 shares of Common Stock owned by the Reporting Person.

<u>/s/ Kathleen P. Bloch</u> <u>05/30/2023</u>

** 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.