## Edgar Filing: BROWN STANLEY M - Form 4

BROWN ST Form 4	ANLEY M										
December 06	5. 2012										
	_							OMB A	PPROVAL		
FORM	UNITED	STATES					COMMISSIO	N OMB Number:	3235-0287		
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIA SECURITIESSection 16. Form 4 or Form 5 							<b>COWNERSHIP OF</b> Expires: January 3 Expires: 200 Estimated average burden hours per response 0 Act of 1935 or Section				
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> BROWN STANLEY M			2. Issuer Name <b>and</b> Ticker or Trading Symbol CTI INDUSTRIES CORP [CTIB]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				(Che	eck all applicabl	e)		
22160 NORTH PEPER ROAD			(Month/Day/Year) 11/30/2012			_X_ Director 10% Owner Officer (give title Other (specify below)					
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>							
BARRINGI	FON, IL 60010						Person		oportung		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	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)		
Reminder: Rep	ort on a separate lind	e for each cl	ass of sec	urities bene	Perso inform requir	ns who res nation cont ed to resp lys a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired		

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	Derivative Security			<ul><li>(A) or</li><li>Disposed of</li><li>(D)</li><li>(Instr. 3, 4, and 5)</li></ul>				
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option Grant - Right to Buy	\$ 5.17	11/30/2012	А	1,000	05/30/2013	11/30/2017	Common Stock	1,0
Non-Qualified Stock Option Grant - Right to Buy	\$ 5.17	11/30/2012	А	1,000	05/30/2014	11/30/2017	Common Stock	1,0
Non-Qualified Stock Option Grant - Right to Buy	\$ 5.17	11/30/2012	А	1,000	05/30/2015	11/30/2017	Common Stock	1,0
Non-Qualified Stock Option Grant - Right to Buy	\$ 5.17	11/30/2012	А	1,000	05/30/2016	11/30/2017	Common Stock	1,0
Non-Qualified Stock Option Grant - Right to Buy	\$ 5.17	11/30/2012	А	1,000	05/30/2017	11/30/2017	Common Stock	1,0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BROWN STANLEY M 22160 NORTH PEPER ROAD BARRINGTON, IL 60010	Х							
Signatures								
Jonathan K. Miller, Attorney in Brown	Fact Stan	ley M.	1	2/05/2012				
**Signature of Reporting F	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. 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.