Edgar Filing: JACOB GARY S - Form 4

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| Form 4 | | | | | | | | | | | |
|--|---|-------------|--|--|-----------------|--|--|---|--|----------------|--|
| July 22, 200 | ЛЛ | | | | | | | | | PPROVAL | |
| | UNITED | STATES | | RITIES A | | | NGE | COMMISSIO | N OMB Number: | 3235-0287 | |
| Check the if no lon subject to Section Form 4 co | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: Estimated burden hou response | urs per | | | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> JACOB GARY S | | | 2. Issuer Name and Ticker or Trading Symbol CALLISTO PHARMACEUTICALS INC [KAL] | | | | - | 5. Relationship of Reporting Person(s) to IssuerS (Check all applicable) | | | |
| (Last) C/O CALL PHARMAO LEXINGTO | 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2005 | | | | | _X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) Chief Executive Officer | | | | | |
| | | | | iled(Month/Day/Year) Applical _X_For For | | | | Applicable Line) _X_ Form filed by Form filed by | lual or Joint/Group Filing(Check E Line) filed by One Reporting Person filed by More than One Reporting | | |
| (City) | (State) | (Zip) | Tak | la I. Mara I | Dent-ord | C | | Person | of an Danafiaia | lles Osses a d | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date | - | ed Date, if | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | 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 | | | |
| Domindary Da | nort on a concrete line | for each al | non of acc | uritian haraf | Finially any | and di | rootly | r indiractly | | | |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 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. Transact Code (Instr. 8) | 5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|--------------------------------------|--|------------------|--------------------|---|----------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options | \$ 1.01 | 07/06/2005 | | А | 350,000 | <u>(1)</u> | 07/06/2015 | Common Stock | 350,000 |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|-----------|---------------|-----------|-------------------------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| JACOB GARY S C/O CALLISTO PHARMACEUTICALS, INC. 420 LEXINGTON AVE., SUITE 1609 NEW YORK, NY 10170 | | Х | | Chief Executive Officer | | | | |
| Signatures | | | | | | | | |
| /s/ Gary S. Jacob 0 | 7/22/2005 | | | | | | | |

| 157 Oury 51 Ducoo | 0112212003 |
|--|------------|
| <u>**</u> Signature of Reporting Person | Date |
| Reporting reison | |

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).
- (1) $\frac{100,000 \text{ of the options will vest on July 6, 2006, 100,000 \text{ of the options will vest on July 6, 2007 and 150,000 \text{ of the options will vest on July 6, 2008.}$

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.