## Edgar Filing: NORTHFIELD LABORATORIES INC /DE/ - Form 4

NORTHFII Form 4 July 16, 200	ELD LABORATO	ORIES IN	C /DE/							
FOR	ЛЛ								APPROVAL	
FUNI	UNITED	STATES	CHANGE )549	COMMISSIO	3235-0287					
Check t			Number: Expires:	January 31,						
if no lor subject Section Form 4	to <b>SIAIEN</b> 16.	AENT OI	Estimated burden ho response.	ours 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> Omert Laurel			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			NORTHFIELD LABORATORIES INC /DE/ [NFLD]				S (Check all applicable)			
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify			
1560 SHEI 1000	RMAN AVENUE	, SUITE	(Month/) 07/12/2	-			below)	below) of Medical Offi		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
EVANSTO	DN, IL 60201		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting More than One I		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities benef	•	•	•	ation of	0EC 1474	
					inforn requi	nation cont red to responses ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owner securities)	d		
1 Title of	2 3 Trans	action Date	34 Dec	emed	4	5 Number	of 6 Date Exerci	sable and	7 Title and	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

## Edgar Filing: NORTHFIELD LABORATORIES INC /DE/ - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Yea	r)	(Instr. 3 and 4	4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option	\$ 1.36	07/12/2007		А	50,000	07/12/2008(1)	07/12/2017	Common Stock	50,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Omert Laurel 1560 SHERMAN AVENUE SUITE 1000 EVANSTON, IL 60201			Chief Medical Officer				
Signatures							

/s/ Laurel A. 07/16/2007 Omert, M.D.

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The option vests 50% on each of July 12, 2008 and July 12, 2009

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.