

Walk Andrew C
Form 3
January 05, 2005

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *

Â Walk Andrew C
(Last) (First) (Middle)

ANDREW C WALK,
CURATIVE HEALTH SERVICES,Â 150 MOTOR PARKWAY
(Street)

HAUPPAUGE,Â NYÂ 11788
(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
01/01/2005

3. Issuer Name and Ticker or Trading Symbol

CURATIVE HEALTH SERVICES INC [CURE]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)
EVP-Specialty Infusion Ops

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

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| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|---|---------------------------|-----------------|--------------|----------------------------|----------|---------------------------------------|---|
| Non-Qualified Stock Option ⁽¹⁾ | 04/23/2004 ⁽¹⁾ | 04/23/2014 | Common Stock | 50,000 | \$ 12.69 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------|------------------------------|
| | Director | 10% Owner | Officer | Other |
| Walk Andrew C ANDREW C WALK, CURATIVE HEALTH SERVICES 150 MOTOR PARKWAY HAUPPAUGE, NY 11788 | Â | Â | Â | EVP-Specialty Infusion Ops Â |

Signatures

| | |
|--|---------------------|
| Nancy F. Lanis, Attorney in Fact for A. Walk | 01/05/2005 |
| <small>**Signature of Reporting Person</small> | <small>Date</small> |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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) Non-Qualified Stock Option granted pursuant to Curative Health Services, Inc. 2001 Broad-Based Stock Incentive Plan. The option shall not be exercisable, in whole or in part, prior to April 23, 2005 (the "Exercisability Date"), at which time the option shall become exercisable with respect to one-third of the shares and, thereafter, shall become exercisable with respect to the balance of the shares in equal installments on the last day of each of the eight successive three-month periods following the Exercisability Date.

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.