SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		U Secu	011 30(11) 01	the investment company Act of 19	740				
1. Name and Address of Reporting Person [*] <u>Consonance Capital Management</u> <u>LP</u>	Red (Mo	2. Date of Event Requiring Stateme (Month/Day/Year) 09/16/2014		3. Issuer Name and Ticker or Trac AASTROM BIOSCIEN		<u>C</u> [AS	STM]		
(Last) (First) (Middle) 1370 AVENUE OF THE AMERICAS	—			4. Relationship of Reporting Perso (Check all applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 3301	_			Officer (give title below) X	Other (spe below)	CITY		cable Line)	/Group Filing (Check y One Reporting Person
(Street) NEW YORK NY 10019							x	Corres filed b	y More than One
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4) Form: or Indi				Nature of Indirect Beneficial Ownership Istr. 5)	
COMMON STOCK				\$ 2,352,940	Ι		See F	ootnote (1) ⁽¹⁾)
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit			rcise		6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Deriva Securi	tive	or Indirect (I) (Instr. 5)	
			1		1				
1. Name and Address of Reporting Person* <u>Consonance Capital Management I</u>	<u>LP</u>								
(Last) (First) (N 1370 AVENUE OF THE AMERICAS SUITE 3301	Middle)								
(Street) NEW YORK NY 1	0019								
(City) (State) (Z	Zip)								
1. Name and Address of Reporting Person [*] <u>BLUTT MITCHELL J MD</u>									
(Last) (First) (N 1370 AVENUE OF THE AMERICA SUITE 3301	Viddle)								
(Street) NEW YORK NY 1	0019								
(City) (State) (Z	Zip)								
1. Name and Address of Reporting Person [*] Consonance Capman GP, LLC									
(Last) (First) (N 1370 AVENUE OF AMERICA SUITE 3301	Middle)								
(Street)									

NEW YORK	NY	10019		
(City)	(State)	(Zip)		

Explanation of Responses:

1. Consonance Capital Management, L.P. ("Management") is the indirect beneficial owner of the shares of Common Stock, no par value, held by Consonance Capital Master Account, L.P (the "Master Account"). Consonance Capital Master Account is the general partner of Management. Management receives an asset-based fee, but has no pecuniary interest. Mitchell Blutt is the manager and member of Capman and has a pecuniary interest in the shares held by the Master Account as the manager and member of the general partner of the Master Account and thereby is entitled to a portion of the profits allocation. Each of Mr. Blutt, Management and Capman disclaim their beneficial ownership except to the extent of their pecuniary interest.

> 09/24/2014 /s/ Mitchell J. Blutt, M.D. Date

** Signature of Reporting Person

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 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).

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.