

# **NUO THERAPEUTICS, INC.**

# Reported by WINZER C ERIC

# FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

# Filed 08/04/25 for the Period Ending 08/01/25

Address 8285 EL RIO

SUITE 190

HOUSTON, TX, 77054

Telephone 832-236-9060

CIK 0001091596

Symbol AURX

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
WINZER C	ERIC						peutics,		-				X Director		100	6 Owner	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (give title below) Other (specify below)					
C/O NUO TI EL RIO, SU		EUTICS	, INC., 8	3285			8/1	/20	25								
	(Stre	eet)		4. ]	lf Ar	nendm	ent, Date O	rigir	nal Fil	led (MM/	DD/Y	YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
HOUSTON, TX 77054					8/4/2025								X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	City) (Sta	ate) (Zij	. ,	Non-Der	ivat	ive Se	curities Acc	auire	ed. D	isposed	of. o	or Bei	neficially Owne	d			
			Trans. Date				•	4. Securities Acquired (A) 5. or Disposed of (D)					Form: Direct (D)	Ownership of Indirect Form: Beneficial			
							Code	V	Amo	unt (A)		Price				(I) (Instr. 4)	(mstr. 4)
Common Stock 8/1/202				8/1/2025			M		120,3	313 A		\$0.4	145,313 D				
Common Stock 8/1/202				8/1/2025			F <sup>(1)</sup>		27,6	559 D	:	\$1.74			117,654	D	
	Tal	ole II - Der	ivative Se	ecurities	Ben	eficial	ly Owned (	e.g.,	puts,	, calls, w	varr	ants,	options, conver	tible secu	ırities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivative		ive Securities ed (A) or ed of (D)	6. Date Exercisable and Expiration Dat					Underlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	n Tit	tle	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Option to purchase common stock	\$0.4	8/9/2018		М			120,313	8/9/	2018	8/8/2025		Common Stock	120,313	\$0	0	D	

### **Explanation of Responses:**

(1) Represents a net exercise of outstanding stock options. The reporting person received 92,654 shares of common stock on the net exercise of option to purchase 120,313 shares of common stock. The issuer withheld 27,659 shares of common stock underlying the option for payment of the exercise price using the closing price of \$1.74.

**Reporting Owners** 

Danastina Ovyman Nama / Adduses	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
WINZER C ERIC C/O NUO THERAPEUTICS, INC.	X							
8285 EL RIO, SUITE190 HOUSTON, TX 77054								

### **Signatures**

/s/ David Jorden, attorney-in-fact

\*\*Signature of Reporting Person

Date

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 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.

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.