

Vollmer Craig  
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 \*

^ Vollmer Craig  
(Last) (First) (Middle)

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)  
SVP - Sales & Marketing

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

CURATIVE HEALTH SERVICES, INC.,^ 150 MOTOR PARKWAY

(Street)

HAUPPAUGE,^ NY^ 11788

(City) (State) (Zip)

**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 Security

5. Ownership Form of Derivative Security: Direct (D)

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

Date Exercisable Expiration Date

Title Amount or Number of

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|  |                           |            | Shares          |        | or Indirect<br>(I)<br>(Instr. 5) |        |
|--|---------------------------|------------|-----------------|--------|----------------------------------|--------|
| Non-Qualified Stock<br>Option <sup>(1)</sup> | 04/23/2004 <sup>(1)</sup> | 04/23/2014 | Common<br>Stock | 50,000 | \$ 12.69                         | D    Â |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                           |       |
|---|---------------|-----------|---------------------------|-------|
|   | Director      | 10% Owner | Officer                   | Other |
| Vollmer Craig<br>CURATIVE HEALTH SERVICES, INC.<br>150 MOTOR PARKWAY<br>HAUPPAUGE, NY 11788 | Â             | Â         | Â SVP - Sales & Marketing | Â     |

## Signatures

Nancy F. Lanis, Attorney in Fact for C.  
Vollmer

01/05/2005

\*\*Signature of Reporting Person

Date

## 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.