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Foster Johr Form 4 November												
OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB												
	UNITEI) STATES					NGE	COMMISSIO	N OMB	ar. 3235-0287		
if no lo subject Sectior Form 4	to SIAIE 116. or	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, s: 2005 ted average hours per se 0.5		
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	e Responses)											
1. Name and Foster Joh	Address of Reportin n	g Person <u>*</u>	Symbo	1	nd Ticker or ings, Inc. [-	5. Relationship Issuer		- · · ·		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check all applicable)				
C/O HEALTHPOINTCAPITAL (Month/Day/Year) _X_ Director _X_ 10% Owner PARTNERS, L.P., 505 PARK 11/28/2012 Difficer (give title below) _Officer (give title below) AVENUE, 12TH FLOOR 12TH FLOOR							_ Other (specify					
	(Street)			nendment, Ionth/Day/Y	Date Origina ear)	al		6. Individual or Applicable Line) _X_Form filed b	oy One Report	ing Person		
NEW YO	RK, NY 10022							Person	y More than C	one Reporting		
(City)	(State)	(Zip)	Та	ble I - Non	n-Derivative	Secur	ities Ac	quired, Disposed	of, or Bene	ficially Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, it			Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price	(Insu: 5 and 4)		Held By		
Common Stock	11/28/2012			S	100,000	D	\$ 1.51	10,777,173	Ι	HealthpointCapital Partners, L.P. (1)		
Common Stock	11/28/2012			S	100,000	D	\$ 1.51	21,010,565	Ι	Held By HealthpointCapital Partners II, L.P. (1)		
Common Stock								181,300	D (2)			

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

S

Foster

**Signature of

Reporting Owner Name / Address	Relationships					
reporting owner runner runness	Director	10% Owner	Officer	Other		
Foster John C/O HEALTHPOINTCAPITAL PARTNERS, L.P. 505 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10022		Х				
Signatures						
/s/ John H. 11/30/2012						

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).

John H. Foster is a managing member of HGP, LLC, which is the general partner of HealthpointCapital Partners, L.P. In addition, Mr. Foster is a managing member of HGP II, LLC, which is the general partner of HealthpointCapital Partners II, L.P. Mr. Foster may be

- (1) deemed to beneficially own the securities held by HealthpointCapital Partners, L.P. and HealthpointCapital Partners II, L.P. Accordingly, Mr. Foster disclaims beneficial ownership of such shares except as to the extent of his pecuniary interest in such shares.
- Includes 150,900 shares owned by John H. Foster and 30,400 shares owned by John H. Foster, trustee u/w of Virginia C. Foster. Mr. (2)Foster is a trustee and the principal beneficiary of such trust.

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.