

Davidson Robert Steven  
 Form 5  
 February 13, 2009

**FORM 5**

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

OMB APPROVAL  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
 Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person \*  
 Davidson Robert Steven

(Last) (First) (Middle)

C/O HEALTHSPORT, INC., 7633  
 E. 63RD PLACE, SUITE 220

(Street)

TULSA, OK 74133

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
 Healthsport, Inc. [HSPO]

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
 12/31/2008

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(A) or (D)	Amount or Price			
Common Stock	Â	Â	Â	Â	Â	91,867	D	Â
Common Stock <sup>(1)</sup>	06/02/2008	Â	A4	469,831	A \$ 0	561,698	D <sup>(3)</sup>	Â
Common Stock <sup>(1)</sup>	06/02/2008	Â	A4	39,322	A \$ 0	601,020	D	Â
Common Stock <sup>(1)</sup>	06/02/2008	Â	A4	9,456	A \$ 0	610,476	D <sup>(2)</sup>	Â

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

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(9-02)

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Security (Instr. 3 and 4)	Amount of Underlying Security (Instr. 3 and 4)
					(A)	(D)	Date Exercisable	Expiration Date		
Option to Buy	\$ 1.36	05/04/2007	Â	A4	495,000	Â	05/04/2007	05/04/2010	Common Stock	495,000
Option to Buy	\$ 0.23	11/04/2008	Â	A4	250,000	Â	11/04/2008	11/04/2013	Common Stock	250,000
Option to Buy	\$ 1.36	05/04/2007	Â	A4	50,000	Â	05/04/2007	05/04/2010	Common Stock	50,000
Option to Buy	\$ 0.23	11/04/2008	Â	A4	16,666	Â	11/04/2008	11/04/2013	Common Stock	16,666
Option to Buy	\$ 0.23	11/04/2008	Â	A4	16,667	Â	11/04/2009	11/04/2013	Common Stock	16,667
Option to Buy	\$ 0.23	11/04/2008	Â	A4	16,667	Â	11/04/2010	11/04/2013	Common Stock	16,667

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Davidson Robert Steven C/O HEALTHSPORT, INC. 7633 E. 63RD PLACE, SUITE 220 TULSA,, OK 74133	Â X	Â	Â	Â

## Signatures

/s/ Robert S. Davidson 02/13/2009

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* 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).

(1) Shares were acquired by dividend from Zengen, Inc.

(2) Owned by Mr. Davidson's wife.

(3) Owned jointly.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.