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ARTES MED	ICAL INC									
Form 4										
April 25, 2007	1									
FORM	4								PPROVA	L
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-	0287
Check this if no longe subject to Section 16. Form 4 or	T STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								y 31, 2005 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 Re	sponses)									
1. Name and Address of Reporting Person <u>*</u> Goostree Diane S			Symbol	er Name an		-	5. Relationship of Reporting Person(s) to Issuer			
			ARTES	5 MEDIC	AL INC	[ARTE]	(Che	eck all applicabl	e)	
(Last) (First) (Middle) 5870 PACIFIC CENTER BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 02/02/2007				X Director 10% Owner X Officer (give title Other (specify below) below) President & CEO			
				If Amendment, Date Original led(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SAN DIEGO	, CA 92121						Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	1
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)		Date, if	Code Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl	
				Code V		(D) Price	(Instr. 3 and 4)			
Reminder: Repor	t on a separate line	e for each cla	ass of sec	urities bene	Perso inform requir	ns who res nation cont ed to respo	or indirectly. Spond to the colle cained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

number.

1. Title of	2.	3. Transaction Date 3A	A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year) Ex	execution Date, if	Transactic	Derivative	Expiration Date	Underlying Securities
Security	or Exercise	an	ny	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 9.96	02/02/2007		Α		300,000		(1)	02/02/2017	Common Stock	300,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Goostree Diane S 5870 PACIFIC CENTER BOULEVARD SAN DIEGO, CA 92121	Х		President & CEO					
Signatures								

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).

1/3 of the shares represented by this option vest and become exercisable in 48 equal monthly installments beginning on February 2, 2007 and the remaining shares represented by this option vest and become exercisable in 4 equal annual installments contingent upon the

(1) In and the remaining shares represented by this option vest and become exercisable in 4 equal annual instantients contingent upon the Issuer's achievement of certain financial performance targets set in the Issuer's annual operating plans for fiscal years 2007, 2008, 2009 and 2010.

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.