Goostree Diane S Form 4 March 03, 2008

# FORM 4

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

Check this box if no longer subject to Section 16.

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

3235-0287

0.5

January 31, Expires:

OMB

Number:

2005 Estimated average

**OMB APPROVAL** 

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Form 4 or Form 5 obligations may continue. See Instruction

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(b).

(Last)

1. Name and Address of Reporting Person \* Goostree Diane S

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First)

(Street)

(State)

ARTES MEDICAL INC [ARTE]

(Check all applicable)

5870 PACIFIC CENTER

3. Date of Earliest Transaction

(Month/Day/Year) 02/28/2008

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below)

**BOULEVARD** 

4. If Amendment, Date Original

President & CEO 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

SAN DIEGO, CA 92121

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

1. Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

(Middle)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned (I) Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported (A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

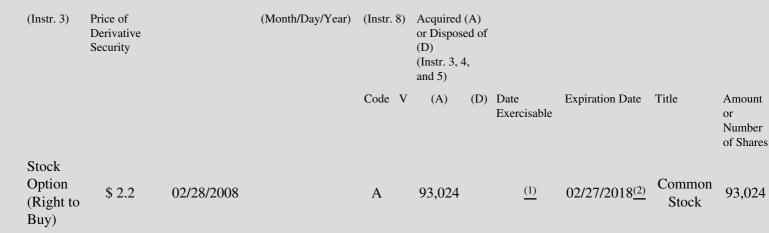
Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

#### Edgar Filing: Goostree Diane S - Form 4



# **Reporting Owners**

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

# **Signatures**

/s/ Diane S.
Goostree

\*\*Signature of Reporting Person

O3/03/2008

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).
  - This stock option vests and becomes exercisable, if at all, over four years, with 25% of the option shares vesting and becoming
- exercisable 12 months after the grant date (February 28, 2008), and the remaining 75% of the option shares vesting and becoming
  (1) exercisable in 36 equal monthly installments thereafter. This stock option will automatically terminate as of February 27, 2009, without any options shares vesting or becoming exercisable, unless the Issuer satisfies a revenue milestone for fiscal year 2008 set by its Board of
- (2) This stock option will terminate on February 27, 2018, unless the Issuer does not satisfy a revenue milestone for fiscal year 2008 set by its Board of Directors, in which case, the stock option will automatically terminate as of February 27, 2009.

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.

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