**ENDOCARE INC** Form 4 October 09, 2008

## FORM 4

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

OMB

**OMB APPROVAL** 

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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* NOONAN TERRENCE A

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First) (Last)

(Middle)

**ENDOCARE INC [ENDO]** 3. Date of Earliest Transaction

(Check all applicable)

C/O ENDOCARE, INC., 201

(Month/Day/Year) 10/07/2008

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

6. Individual or Joint/Group Filing(Check

Interim CEO/President

**TECHNOLOGY DRIVE** (Street)

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

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

**IRVINE, CA 92618** 

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

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

Execution Date, if

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following

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

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

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 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date Underlying Securities** Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8			equired (A) or pisposed of (D) (nstr. 3, 4, and 5)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred stock units (1)	<u>(2)</u>	10/07/2008		A		17,279.41		(3)	(3)	Common Stock	17,279.41

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting owner runner runners	Director	10% Owner	Officer	Other			
NOONAN TERRENCE A C/O ENDOCARE, INC. 201 TECHNOLOGY DRIVE IRVINE, CA 92618	X		Interim CEO/President				

## **Signatures**

/s/ Clint B. Davis, as attorney-in-fact

10/09/2008

\*\*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).
- Granted under the Company's Non-Employee Director Deferred Stock Unit Program (the "Director DSU Program"). The deferred stock (1) units (DSUs) covered by this Form 4 represent director fees earned during the quarter ended September 30, 2008, which Mr. Noonan elected to receive in the form of DSUs instead of cash.
- (2) Each DSU reflects the right to receive one share of common stock in the future, subject to the terms and conditions of the Director DSU Program.
- (3) The DSU "payout date" is as soon as administratively practicable following Mr. Noonan's separation from service (or December 31, 2009, if the separation from service occurs before then).
- (4) Not applicable.

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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