Davis Clint Form 4 March 03, 2009

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 5 obligations may continue. **SECURITIES**

burden hours per response... 0.5

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Davis Clint	2. Issuer Name and Ticker or Trading Symbol ENDOCARE INC [ENDO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X_ Officer (give title Other (specify below) General Counsel			
(Last) (First) (Middle)	3. Date of Earliest Transaction				
C/O ENDOCARE, INC., 201 TECHNOLOGY DRIVE	(Month/Day/Year) 03/03/2009				
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)			
IRVINE, CA 92618		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

(City)	(State) (2	Z _{1p)} Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficial	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired	l (A) c	or	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed	of (D))	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock (1)	03/03/2009		M	6,156	A	<u>(1)</u>	27,241 (2)	D	
Common Stock	03/03/2009		F	827	D	<u>(1)</u>	26,414 <u>(3)</u>	D	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		stionDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deri Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Deferred Stock Units	<u>(1)</u>	03/03/2009		M		13,991	<u>(4)</u>	<u>(4)</u>	Common Stock	13,991			

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Davis Clint C/O ENDOCARE, INC. 201 TECHNOLOGY DRIVE IRVINE, CA 92618

General Counsel

Signatures

/s/ Clint B. 03/03/2009 Davis

**Signature of Date Reporting Person

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).
- The Form 4 is being filed to report the vesting of 6,156 deferred stock units (DSUs), less 827 DSUs to satisfy minimum statutory withholding taxes pursuant to the terms of Endocare's Employee DSU Program.
- (2) Consists of 4,728 outstanding shares and 22,513 vested DSUs.
- Consists of 4,728 outstanding shares and 21,686 vested DSUs.
- Each DSU reflects the right to receive one share of Common Stock in the future, subject to the terms and conditions of the Employee **(4)** DSU Program.
- Other DSUs held by Mr. Davis have different vesting and payout dates so they are considered different classes of securities and therefore **(5)** not included above.

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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