## WESTSPHERE ASSET CORP INC

Form 4

January 06, 2003

FORM 4	UNITED STATE	OMB APPROVAL					
Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)	STATEMENT  Filed pursuant to Son Act of 1934, Section Company Act of 1	OMB Number: 3235-0287  Expires: January 31, 2005  Estimated average burden hours per response0.5					
1. Name and Address of Reporting Person*  QUEEN ROY L.  (Last) (First) (Middle)  403-321 NICOLA STREET  (Street)  KAMLOOPS B.C. V2C 6G6  (City) (Province) (Postal Code)	2. Issuer Name and T Symbol WESTSPHERE ASS INC. "WSHA"	Ticker or Trading	6. Relationship of Reporting Person(s) to Issuer  (Check all Applicable)  X  Director 10% Owner  -  Officer _Other  (Give Title Below) (Specify Below)				
	3. I.R.S. Identification Number of Reporting Person, If an entity (Voluntary)	4. Statement for Month/Year  DECEMBER 30, 2002  5. If Amendment, Date of Original	7. Individual o Reporting (Check Applic  X Form Filed by On Person	able Line)			

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						(Mo	onth/Year)			Form Filed by More than One Reporting Person					
TABLE I	- NON-DI	ERIVATIV	E SECURIT	ΓIES ACQ	UIR	ED,	DISPOSE	D OF, (	OR BEN	EFICL	ALLY O	WNED			
1. Title of Security (Instr. 3)	Date	sa <b>ctiode</b> (In	3. Trans-action action (Instr. 8) th/Day/Year)			s Acquired (A) or f (D) (Instr. 3, 4 and			5. Amou of Secur Benefici Owned a End of Month ( 3 and 4)	rities ially at Instr.	6. Owner Form: Direct (D) or Indirect (I) (Instr. 4)	7. shiNature of Indirect Beneficial t Ownership (Instr. 4)			
		Code	V	Amount	(A) (D)		Price								
Common Stock	Dece 30, 2002	emBer		12,000	A		\$0.025								
									1,904,21 333,333		D I	These shares are in the name of Drin Holdings, of which Mr. Queen is the sole shareholder			
TABLE	E II - DER		SECURITIE							TCIAL	LY OW	NED			
1. Title of Derivative Security (Instr. 3)	or I Exercis	. 4. Fransaction Date Month/Day Year	5. Number of Derivati Securitic Acquire (A) or		6 E a E E E	Expiration  Date Exercisable  and Expiration  Date  Month/Day	7. Titl Amou Under Secur (Instr.	e and 8. Int of Price Plying of ities Derive 3 and Security		Number of of of of a Decive its Securit . Benefit Owned	10.0 whership Form Nature of of Dieveralindirect SecuriBenefici Bianly (Chaltyersh DwnedInstr. at 4)				

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						Disposed of (D) (Instr. 3, 4 and 5)									End of hMon . (Insta			
		C	Code	V		(A)	(D)		Expi		tiofiitle	or N of	um	er				
Explanation of Responses:  Reminder: Report on a separate line for each class of securities beneficially  owned directly or indirectly.  * 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).  Note File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for									*		Queen gnature of on	Re	eport	ting	g	<u>Janua</u> 3, 20  Date	03	_