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GALE JAM Form 4 December 19											
FORM	ГЛ								OMB AF	PPROVAL	
	UNITE	D STATES					GE C	OMMISSION	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or Form 5 obligations may continue Fort 16. Filed pursuant to Section 17(a) of the Pul				Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, ublic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940						Expires: January 31 2005 Estimated average burden hours per response 0.5	
(Print or Type]	Responses)										
1. Name and A GALE JAM	Address of Reportin	ng Person <u>*</u>	Symbol	US PHAF	Ticker or T	c	LS	5. Relationship of Issuer (Chec)	Reporting Pers		
(Last) 126 EAST 5 FLOOR	(First) 56TH STREET	(Middle) 7, 24TH	3. Date of (Month/D 12/17/20	-	ansaction			X Director Officer (give below)		Owner er (specify	
NEW YOR	(Street) K, NY 10022			ndment, Da hth/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acm	uired, Disposed of	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3.	4. Securitie on(A) or Disp (Instr. 3, 4)	es Acquinosed o	uired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	12/17/2007			J <u>(4)</u>	215,885 (<u>4)</u>	D	\$ 0	421,191	Ι	By: SMH Hydro Med, LLC	
Common Stock	12/17/2007			J <u>(4)</u>	172,788 (4)	D	\$ 0	738,317	I	By: SMH Hydro Med II, LLC (2)	
Common Stock	12/17/2007			J <u>(4)</u>	122,725 (4)	D	\$0	568,562	Ι	By: SMH Valera, LLC ⁽³⁾	

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

Persons who respond to the collection of information contained in this form are not 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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
GALE JAMES C 126 EAST 56TH STREET, NEW YORK, NY 10022	Х							
Signatures								
James C. Gale	12/17/2007							

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These securities are owned directly by SMH Hydro Med, LLC and beneficially owned indirectly by James C. Gale, manager of SMH Hydro Med, LLC. Mr. Gale disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.
- (2) These securities are owned directly by SMH Hydro Med II, LLC and beneficially owned indirectly by James C. Gale, manager of SMH Hydro Med II, LLC. Mr. Gale disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.
- (3) These securities are owned directly by SMH Valera, LLC and beneficially owned indirectly by James C. Gale, manager of SMH Valera, LLC. Mr. Gale disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.
- (4) Shares distributed in kind by owner limited liability company to certain members in full redemption of their member interest in the limited liability company.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners

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