DELUCA JOSEPH M

Form 4/A

October 12, 2004

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

Expires:

5. Relationship of Reporting Person(s) to

Issuer

3235-0287

January 31, 2005

Estimated average burden hours per

response... 0.5

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

DELUCA JOSEPH M

1. Name and Address of Reporting Person *

			CRDENTIA CORP [CRDE]				(Check all applicable)					
(Last) (First) (Middle) C/O HEALTH CARE INVESTMENT VISIONS, LLC, 1134 BALLENA BLVD.		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004					_X_ DirectorOfficer (gi	0% Owner ther (specify				
ALAMEDA					endment, Date Original nth/Day/Year) 004				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D			3. Transactic Code (Instr. 8)	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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 Indirect Beneficial Ownership (Instr. 4)			
Common Stock	09/30/2004			С	42,700	A	\$ 0.6	99,604	I	By Health Care Investment Visions, LLC (1)		
Common Stock	09/30/2004			J <u>(2)</u>	4,270	A	(3)	103,874	I	By Health Care Investment Visions, LLC (1)		

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

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SEC 1474 (9-02)

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)	on Date 3A. Deemed //Year) Execution Date, if any (Month/Day/Year)		5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5
				Code V	and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Series B-1 Preferred Stock	\$ 0.6	09/30/2004		C	427	(3)	(3)	Common Stock	42,700	\$ 60

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

DELUCA JOSEPH M C/O HEALTH CARE INVESTMENT VISIONS, LLC 1134 BALLENA BLVD. ALAMEDA, CA 94501



Signatures

Joseph M.

DeLuca 10/11/2004

**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).
- The Reporting Person is the managing member of Health Care Investment Visions, LLC. The Reporting Person disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest in the named entity, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.
- (2) Common Stock dividend and distribution on the Series B-1 Preferred Stock.

Reporting Owners 2

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(3) 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.