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Form 4	RP										
October 20, 2004	ļ										
FORM 4			GEGU						PPROVA	۱L	
Washington, D.C. 20549								N OMB Number:	3235-		
Check this box if no longer				Expires:	Janua	ry 31, 2005					
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (Section 16. SECURITIES Form 4 or								Estimated burden ho response.	0.5		
obligations may continue. See Instruction 1(b).	Section 17(a) of the I	Public U	Jtility Hol	ding C		inge Act of 1934, t of 1935 or Secti 1940				
(Print or Type Respo	onses)										
1. Name and Addres TONEY C FRE	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer							
			CRDENTIA CORP [CRDE]				(Check all applicable)				
(Last) (First) (Middle) C/O MEDCAP PARTNERS LP, 500 3RD STREET, SUITE 535			3. Date of Earliest Transaction(Month/Day/Year)10/12/2004			X_ DirectorX_ 10% Owner Officer (give title Other (specify below) below)					
File				4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
SAN FRANCIS	CO, CA 941	07					Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivati	ve Securities A	Acquired, Disposed	of, or Beneficia	ally Owne	d	
	ansaction Date nth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispos (Instr.	ed (A) or ed of (D) 3, 4 and 5) (A) or	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 Indirect Beneficia Ownersh (Instr. 4)	al ip	
Reminder: Report or	n a separate line	e for each cla	ass of sec	urities bene	ficially	owned directly	or indirectly.				
	·				Per info req dis	sons who re ormation con uired to resp	spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not orm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	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)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Series C Preferred Stock	\$ 0.6	10/18/2004		Р	5,000	10/18/2004	<u>(1)</u>	Common Stock	500,000
Series C Preferred Stock	\$ 0.6	10/18/2004		Р	62,500	10/18/2004	<u>(1)</u>	Common Stock	6,250,000

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TONEY C FRED C/O MEDCAP PARTNERS LP 500 3RD STREET, SUITE 535 SAN FRANCISCO, CA 94107	Х	Х				
Signatures						

C. Fred Toney 10/20/2004 <u>**</u>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).
- (1) Not applicable.

The Reporting Person is the managing member of MedCap Management & Research LLC, the general partner of MedCap Partners LP. The Reporting Person disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest in the named entity,

(2) The Reporting reison discrains beneficial ownership of diese shares, except to the extent of his peculiary interest in the named entry, 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.

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.