Edgar Filing: CRDENTIA CORP - Form 4

| CRDENTIA | CORP | | | | | | | | | | | |
|--------------------------------------|-------------------------------------|--------------------|---------------------------------|----------------------------------------|-----------------------------------------------|-----------|-------------|------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| April 04, 200 |)6 | | | | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AF | PROVAL | | |
| | UNITE | D STATES | | | ND EXC D.C. 2054 | | GE C | OMMISSION | OMB Number: | 3235-0287 | | |
| Check thi if no long | | | | | | | | | Expires: | January 31, | | |
| subject to | | EMENT O | F CHAN | | | CIAL | OWN | NERSHIP OF | | | | |
| Section 1 | | | | SECUR | ITIES | | | | burden hou | • | | |
| Form 4 or | | | | | | _ | | | response | 0.5 | | |
| Form 5 obligation | • • | | | | | | • | e Act of 1934, | | | | |
| may cont | | | | | | | | 1935 or Section | 1 | | | |
| See Instru | iction | 30(h) | of the In | vestment | Company | Act | of 194 | 0 | | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | er: January 31, 2005 ated average n hours per nse 0.5 arg Person(s) to licable) 10% Owner 0ther (specify w) p Filing(Check ting Person One Reporting eficially Owned ership 7. Nature of Direct Indirect Beneficial (I) Ownership | | |
| (I me or Type I | (coponses) | | | | | | | | | | | |
| | ddress of Reportin | - | 2. Issuer Symbol | Name and | Ticker or T | rading | | 5. Relationship of Issuer | Reporting Pers | on(s) to | | |
| | | | - | TIA COF | RP [CRDE | E] | | | | ` | | |
| (Last) | (First) | (Middle) | 3 Date of | Earliest Tr | ansaction | - | | (Check | k all applicable |) | | |
| | | | (Month/E | | ansaction | | | Director | _X_ 10% | Owner | | |
| 500 3RD ST | REET, SUITE | 535 | 04/03/2 | - | | | | Officer (give below) | titleOthe below) | r (specify | | |
| | (Street) | | 4. If Ame | ndment, Da | te Original | | | 6. Individual or Jo | int/Group Filin | g(Check | | |
| | | | Filed(Mor | nth/Day/Year |) | | | Applicable Line) | | | | |
| SAN FRAN | CISCO, CA 94 | 107 | | | | | | _X_ Form filed by C Form filed by M Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| ((),)) | (Blate) | (24P) | Tabl | e I - Non-D | erivative Se | ecuriti | es Acqu | | | - | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Executio any | med on Date, if Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4 | osed o | of (D) | 5. Amount of Securities Beneficially Owned Following | • | Indirect Beneficial Ownership | | |
| | | | | | | (A) or | D · | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common | | | | Code V | Amount | (D) | Price \$ | | | | | |
| Stock | 04/03/2006 | | | J <u>(1)</u> | 583,333 | А | , 0.6 | 14,256,761 | D | | | |

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)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. onNumber | 6. Date Exer Expiration D | | 7. Title and Amount of | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---------------------------------------------------|-----------------------------------------|------------------|--------------------|------------------------------------------------------------------------------------------------------|------------------------------|--------------------|----------------------------------------------|---------------------------|-----------------------------------------------------------|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day Teat) | (Month/Day/Year) | Code (Instr. 8) | of Derivativ Securitie: Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ /e s | | Underlying Securities (Instr. 3 and 4) | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addı | *PSS | Relationships | | | | | |
|------------------------------------------------------------------------|------------|---------------|---------|-------|--|--|--|
| Reporting Owner Funit, Fruit | Director | 10% Owner | Officer | Other | | | |
| MEDCAP PARTNERS LP 500 3RD STREET, SUITE 5 SAN FRANCISCO, CA 941 | | Х | | | | | |
| Signatures | | | | | | | |
| /s/ C. Fred Toney | 04/03/2006 | | | | | | |
| <u>**</u> 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).

(1) The shares were acquired in a private transaction between MedCap Partners LP and the Issuer.

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.