

CRYOCOR INC
Form 4
April 15, 2008

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
BRENNAN EDWARD F

(Last) (First) (Middle)
9717 PACIFIC HEIGHTS BLVD.

(Street)

SAN DIEGO, CA 92121

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
CRYOCOR INC [CRYO]

3. Date of Earliest Transaction
(Month/Day/Year)
04/08/2008

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
CEO and President

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D) Price			
Common Stock	04/08/2008		A	300,000	A <u>(1)</u> 478,408 <u>(2)</u>	D	

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

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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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Incentive Stock Option (right to buy)	\$ 3.01	04/08/2008		D	187,500	(3) 03/23/2016		Common Stock	187,500
Incentive Stock Option (right to buy)	\$ 3.01	04/08/2008		D	187,500	(4) 03/23/2016		Common Stock	187,500

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BRENNAN EDWARD F 9717 PACIFIC HEIGHTS BLVD. SAN DIEGO, CA 92121	X		CEO and President	

Signatures

/s/ Amy A. Seidlinger for Edward F. Brennan
Date: 04/15/2008

**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) On April 8, 2008, the issuer canceled, pursuant to Section 3(b)(iii) of the 2005 Equity Incentive Plan, an option granted to the reporting person on March 24, 2006. In exchange for the option, the reporting person received a restricted stock award of 300,000 common shares.
- (2) Includes 483 common shares acquired under the Cryocor, Inc. 2005 Employee Stock Purchase Plan on March 14, 2008.
- (3) The canceled option provided for vesting ratably on a monthly basis over a four year period beginning April 24, 2006.
The canceled option provided for performance based vesting: 30% (or 56,250 shares) vested upon the receipt of premarket approval from the United States Food and Drug Administration, or FDA, for the treatment of right atrial flutter (which occurred on August 1, 2007) and the remaining 70% (or 131,250 shares) would have vested upon the receipt of premarket approval from the FDA for the treatment of atrial fibrillation.

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.