

TUTOGEN MEDICAL INC  
 Form 3  
 March 16, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Pering Claude O		(Month/Day/Year)	TUTOGEN MEDICAL INC [TTG]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
5221 NW 53RD STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)	
GAINESVILLE,Â FLÂ 32653			VP of Operations	
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: TUTOGEN MEDICAL INC - Form 3

				Shares		(I) (Instr. 5)	
Options	01/10/2006	01/10/2015	Common Stock	6,250	\$ 2.47	D	Â
Options	01/10/2007	01/10/2015	Common Stock	6,250	\$ 2.47	D	Â
Options	01/10/2008	01/10/2015	Common Stock	6,250	\$ 2.47	D	Â
Options	01/10/2009	01/10/2015	Common Stock	6,250	\$ 2.47	D	Â
Options	09/26/2006	09/26/2015	Common Stock	6,250	\$ 4.17	D	Â
Options	09/26/2007	09/26/2015	Common Stock	6,250	\$ 4.17	D	Â
Options	09/26/2008	09/26/2015	Common Stock	6,250	\$ 4.17	D	Â
Options	09/26/2009	09/26/2015	Common Stock	6,250	\$ 4.17	D	Â
Options	12/05/2006	12/05/2015	Common Stock	2,500	\$ 3.12	D	Â
Options	12/05/2007	12/05/2015	Common Stock	2,500	\$ 3.12	D	Â
Options	12/05/2008	12/05/2015	Common Stock	2,500	\$ 3.12	D	Â
Options	12/05/2009	12/05/2015	Common Stock	2,500	\$ 3.12	D	Â
Options	11/06/2007	11/06/2016	Common Stock	7,500	\$ 6.01	D	Â
Options	11/06/2008	11/06/2016	Common Stock	7,500	\$ 6.01	D	Â
Options	11/06/2009	11/06/2016	Common Stock	7,500	\$ 6.01	D	Â
Options	11/06/2010	11/06/2016	Common Stock	7,500	\$ 6.01	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pering Claude O 5221 NW 53RD STREET GAINESVILLE, FL 32653	Â	Â	Â VP of Operations	Â

## Signatures

/s/ Claude O.  
Pering

03/05/2007

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.