

Han Xiao-yan
Form 5
February 17, 2009

FORM 5

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer	
Han Xiao-yan			CHINA SKY ONE MEDICAL, INC. [CSKI]		(Check all applicable)	
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)		<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			12/31/2008		<input checked="" type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)
C/O CHINA SKY ONE MEDICAL, INC., Å ROOM 1706,NO30,DI WANG BLDG, GAN SHUI RD			4. If Amendment, Date Original Filed(Month/Day/Year)		Vice Chairman	
(Street)					6. Individual or Joint/Group Reporting (check applicable line)	
NANGANG DISTRICT, HARBIN, Å F4Å 150001					<input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person	
(City)	(State)	(Zip)				

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 at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) Amount or (D) Price			
Common Stock	04/03/2007	Å	A	150 A \$ (1)	1,406,867	D	Å
Common Stock	07/15/2008	Å	A	3,810 A \$ 10.5	1,406,867	D	Å

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)

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)
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Stock Options	\$ 3.65	10/25/2006	∆	A	12,000 ∆	∆ (2) 10/25/2011	Common Stock 12,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Han Xiao-yan C/O CHINA SKY ONE MEDICAL, INC. ROOM 1706,NO30,DI WANG BLDG, GAN SHUI RD NANGANG DISTRICT, HARBIN,∆ F4∆ 150001	∆ X	∆	∆ Vice Chairman	∆

Signatures

/s/ Han Xiao-yan 02/17/2009
 __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) The shares were issued in consideration for services.
- (2) The Stock Options vested with respect to (a) 5,000 shares of the Issuer's Common Stock on June 25, 2007 and (b) 7,000 shares of the Issuer's Common Stock on June 25, 2008.
- (3) Represents the grant date fair value calculated in accordance with FAS 123R.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.