#### **HUEBNER BRUCE A**

Form 4

August 30, 2012

### FORM 4

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

**OMB** Number:

Expires:

response...

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per

**OMB APPROVAL** 

Form 4 or Form 5

obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**HUEBNER BRUCE A** 

2. Issuer Name and Ticker or Trading

Symbol

5. Relationship of Reporting Person(s) to Issuer

CORGENIX MEDICAL CORP/CO

[CONX]

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

Filed(Month/Day/Year)

Officer (give title below)

10% Owner Other (specify

(Month/Day/Year) 08/27/2012

**CORGENIX MEDICAL** CORP, 11575 MAIN STREET

> (Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

X\_ Director

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

BROOMFIELD, CO 80020 (State) (City)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4)

SEC 1474

(9-02)

Reported (A) Transaction(s)

or (Instr. 3 and 4)

Code V Amount (D) Price

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)

1. Title of Conversion 3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of **Underlying Securities** 

#### Edgar Filing: HUEBNER BRUCE A - Form 4

| Security (Instr. 3)                             | or Exercise<br>Price of<br>Derivative<br>Security |            | any<br>(Month/Day/Year) | Code (Instr. | 8) | Securities<br>Acquired<br>or Dispose<br>(D)<br>(Instr. 3, 4<br>and 5) | (A)<br>ed of | (Month/Day/Y        | ear)               | (Instr. 3 and 4)           |                                     |
|---|---|------------|-------------------------|--------------|----|---|--------------|---------------------|--------------------|----------------------------|-------------------------------------|
|   |   |            |                         | Code         | V  | (A)   | (D)          | Date<br>Exercisable | Expiration<br>Date | Title                      | Amount<br>or<br>Number<br>of Shares |
| "right to<br>buy"<br>common<br>stock<br>options | \$ 0.1  | 08/27/2012 |                         | A            |    | 40,000  |              | 08/27/2012          | 08/27/2019         | Common<br>stock<br>options | 40,000                              |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| HUEBNER BRUCE A<br>CORGENIX MEDICAL CORP<br>11575 MAIN STREET<br>BROOMFIELD, CO 80020 | X             |           |         |       |  |  |  |

### **Signatures**

Bruce A
Huebner

\*\*Signature of Reporting Person

Bruce A
08/30/2012

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) Stock options granted under the 2011 Incentive Compensation Plan

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.

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