Edgar Filing: Tiger X Medical, Inc. - Form 4

Tiger X Med	ical, Inc.										
Form 4											
May 11, 2010	6										
FORM	1							OMB AF	PROVAL		
	UNITED	STATES SECU Wa	RITIES A shington,			E C	OMMISSION	OMB Number:	3235-0287		
Check thi if no long	er STATEM	IENT OF CHAI	NGES IN 1	BENEFIC	CIAL (OWN	ERSHIP OF	Expires:	January 31, 2005		
subject to Section 10 Form 4 or	6.		SECUR	ITIES				Estimated a burden hour response			
Form 5	Filed purs	suant to Section	16(a) of the	e Securitie	es Exch	nange	Act of 1934.	100001100	0.0		
obligation	¹⁸ Section $17(s$	a) of the Public U				0		1			
may conti <i>See</i> Instru 1(b).	inue.	30(h) of the I	•		•						
(Print or Type R	Responses)										
1. Name and A Richards Ro	ddress of Reporting F nald N.	Person <u>*</u> 2. Issue Symbol	er Name and	Ticker or Ti	rading		5. Relationship of I Issuer	Reporting Pers	on(s) to		
			K Medical,	Inc. [CDC	DM]		(Check all applicable)				
(Last) (First) (Middle) 3			of Earliest Tr	ansaction			(Check all applicable)				
			Day/Year)				X Director	10%	Owner		
PO BOX 11	05/10/2	-				Officer (give title Other (specify below)					
			endment, Da	te Original			6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)			Applicable Line)				
BEVERLY	HILLS, CA 9021	3					_X_ Form filed by O Form filed by M Person				
(City)	(State) ((Zip) Tak	ole I - Non-D	erivative Se	curities	s Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securitie on(A) or Disp (Instr. 3, 4	osed of		Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
			Code V	Amount		Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock	05/10/2016		S	872,205		\$ 0.1	0	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)

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. Transac Code (Instr. 8	etion 3)	5. 6. Date Exercisable a onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	tle and 8. Price of punt of Derivative erlying Security irities (Instr. 5) r. 3 and 4)		9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
				Code		4, and (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships								
reporting of the rame, ram	Director	10% Owner	Officer	Other						
Richards Ronald N. PO BOX 11480 BEVERLY HILLS, CA 902	X									
Signatures										
/s/ Ronald N. Richards	05/11/2016									
<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).

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.