Edgar Filing: Berkowitz Mortimer III - Form 4

Berkowitz Me Form 4 June 18, 2007										
FORM	Δ									PPROVAL
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287
Check this if no longe									Expires:	January 31,
subject to	STAT	EMENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	Estimated a	2005 average
Section 16				SECUR	ITIES				burden hou	
Form 4 or			~		~	_			response	0.5
Form 5 obligation	~ ^	•						ge Act of 1934,		
may conti				•	•	• •		f 1935 or Sectio	on	
See Instru	ction	30(h)	of the Inv	vestment	Company	Act	of 19	40		
1(b).										
(Print or Type R	esponses)									
× 51	1									
1. Name and Ad	dress of Reporti	ing Person [*]	2. Issuer	Name and	Ticker or T	Fradin	g	5. Relationship of	f Reporting Per	son(s) to
Berkowitz M	lortimer III									
			Alphated	c Holding	s, Inc. [A	TEC]			`
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cneo	ck all applicable	;)
			(Month/D					_X_ Director	10%	Owner
HEALTHPC	POINT CAPITAL, 505 06/14/2007Officer (give titleOther (specify				er (specify					
PARK AVE	NUE, 12TH F	FLOOR						below)	below)	
	(Street)		4. If Amer	ndment, Dat	e Original			6. Individual or J	oint/Group Filii	ng(Check
			Filed(Mon	th/Day/Year)				Applicable Line)		
								X Form filed by Form filed by 1		
NEW YORK	X, NY 10022							Person		porting
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	ly Owned
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Ye	ear) Executi	on Date, if		onAcquired			Securities		Indirect
(Instr. 3)		any (Month	(Dov/Voor)	Code	Disposed			Beneficially	(D) or	Beneficial
		(Month)	/Day/Year)	(Instr. 8)	(mstr. 5,	4 and	3)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
						(A)		Reported		
						(A) or		Transaction(s)		
				Code V	Amount		Price	(Instr. 3 and 4)		
Common	06/14/2007			Р	4,200	А	\$	13,350,839 <u>(1)</u>	D	
Stock	001112001			•	.,200		3.6	(2)	-	

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	 5. 5. 5. 5. 5. 5. 5. 6. 7. 7	S	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Berkowitz Mortimer III HEALTHPOINT CAPITAL 505 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10022	Х			
Signatures				
/s/ Ebun S. Garner, Esq., Attorney-in-fact	0	6/17/2007		
**Signature of Reporting Person		Date		
Explanation of Respon	nener			

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).
- Includes 13,344,639 shares owned by HealthpointCapital Partners, L.P. The Reporting Person is a managing member of HGP, LLC,
 (1) which is the general partner of HealthpointCapital Partners, L.P. The Reporting Person disclaims beneficial ownership of such shares except as to the extent of his pecuniary interest in such shares.
- (2) Inlcludes shares owned by the Reporting Person's wife, Amelia M. Berkowitz.

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.