

HEMOSENSE INC
Form 3
June 13, 2005

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 (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol	
Â LIGHTHOUSE CAPITAL PARTNERS IV LP			06/13/2005	HEMOSENSE INC [HEMO]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer		
500 DRAKE'S LANDING ROAD			(Check all applicable)		
(Street)			_____ Director <input checked="" type="checkbox"/> 10% Owner		
GREENBRAE, Â CA Â 94904-3011			_____ Officer _____ Other (give title below) (specify below)		
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)		
			6. Individual or Joint/Group Filing(Check Applicable Line)		
			_____ Form filed by One Reporting Person		
			<input checked="" 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)
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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 Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of Shares			

Series C-3 Preferred Warrant (right to buy)	Â (1)	03/05/2011	Series C-3 Preferred Stock	<u>237,342</u> (2)	\$ 1.58 (2)	D (3)	Â
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LIGHTHOUSE CAPITAL PARTNERS IV LP 500 DRAKE'S LANDING ROAD GREENBRAE, CA 94904-3011	Â	Â X	Â	Â
Lighthouse Management Partners IV LLC 500 DRAKE'S LANDING ROAD GREENBRAE, CA 94904-3011	Â	Â X	Â	Â

Signatures

/s/ Dennis Ryan, Chief Operating Officer
06/13/2005

__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).

(1) Immediately.

(2) Pursuant to a 1-for-4 reverse stock split of the issuer's Common Stock effectuated on May 4, 2005 and the automatic conversion of each share of Series C-3 Preferred Stock into 0.25 shares of Common Stock immediately prior to the closing of the issuer's initial public offering on or around June 17, 2005, this warrant will be exercisable for 59,335 shares of Common Stock at an exercise price of \$6.32 per share.

(3) The reported securities are owned directly by Lighthouse Capital Partners IV, L.P. and indirectly by Lighthouse Management Partners IV, L.L.C., as general partner of Lighthouse Capital Partners IV, L.P. Lighthouse Management Partners IV, L.L.C. disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.

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.