FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

shington,	D.C.	20549	

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

0.5

hours per response

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Reporting Person* HITE ANNE	ГТЕ					me <b>and</b> Tick <mark>A_INC</mark> [			Symbol		(Che	elationship of eck all applica X Director	ıble)	ing Perso	,,		
	OVENTUR	First) E ASSOCIATES REET, SUITE 39					e of Ea /2004		saction (Month/Day/Year)					Officer (give title below)		10% Owner Other (specify below)		(specify	
(Street)	treet) MERYVILLE CA 94608				—   <u>-</u>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S	State)	(Zip)																
		T	able I - N	lon-D	eriva	tive	Secu	ırities Ac	quire	d, Di	sposed (	of, or Be	neficially	Owned					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2. Transaction Date (Month/Day/Year)		ear)	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		(A) or 3, 4 and 5)	Beneficially Owned Follow		Form: Di (D) or Inc		Nature of adirect eneficial wnership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	ommon Stock			04/0	04/05/2004				С		2,686,71	.9 A	\$0	2,839,683		I Asso		MedVenture Associates II, L.P. <sup>(1)</sup>	
Common Stock			04/0	04/05/2004				С		114,281	1 A	\$0	120,788		I		MedVen Affiliates III, L.P. <sup>(1)</sup>		
Common Stock													33,333		D	D			
			Table I								posed of converti		eficially C urities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Transacti Code (Ins					6. Date Exercisal Expiration Date (Month/Day/Year)		ite	and 7. Title and Amou Securities Underl Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	]	Transaction(s) (Instr. 4)				
Series A Convertible Preferred Stock	(3)	04/05/2004			С			1,439,759	(2)		(4)	Common Stock	1,439,759	\$0		0	I	MedVenture Associates III, L.P. <sup>(1)</sup>	
Series A Convertible Preferred Stock	(3)	04/05/2004			С			61,241	(2)		(4)	Common Stock	61,241	\$0		0	I	MedVen Affiliates III, L.P. <sup>(1)</sup>	
Series B Convertible Preferred Stock	(3)	04/05/2004			С			1,246,960	(2)		(4)	Common Stock	1,246,960	\$0		0	I	MedVenture Associates III, L.P. <sup>(1)</sup>	
Series B Convertible	(3)	04/05/2004			С			53,040	(2)		(4)	Common	53.040	\$0		0	I	MedVen Affiliates	

1. The reporting person is a member of MedVenture Associates Management III Co., LLC, which is the general partner of MedVenture Associates III, L.P. and MedVen Affiliates III, L.P. The reporting person disclaims beneficial ownership of the reported securities except to the extent of any pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

2 Immed

Preferred Stock

- 3. 1-for-1
- 4. N/A

/s/ Annette J. Campbell-White 04/05/2004

\*\* Signature of Reporting Person

Stock

Date

III, L.P.<sup>(1)</sup>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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.

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 Number.