CareView Communications Inc Form SC 13D/A January 03, 2014

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

SCHEDULE 13D

UNDER THE SECURITIES EXCHANGE ACT OF 1934

(AMENDMENT NO. 7)

CareView Communications, Inc.

(Name of Issuer)

Common Stock, \$.001 Par Value Per Share (Title Class of Securities)

141743104 (CUSIP Number)

HealthCor Management, L.P. Carnegie Hall Tower 152 West 57th Street, 47th Floor New York, New York 10019 Attention: Mr. John H. Coghlin (212) 622-7871

With a Copy to: Eugene McDermott Edwards Wildman Palmer LLP 2800 Financial Plaza Providence, RI 02903 (401) 276-6471 (Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

December 27, 2013 (Date of Event which Requires Filing of this Statement) If the filing person has previously filed a statement on Schedule 13G to report the acquisition that is the subject of this Schedule 13D, and is filing this schedule because of Rule 13d-1(e), 13d-1(f) or 13d-1(g), check the following box."

NOTE: Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. See Rule 13d-7 for other parties to whom copies are to be sent.

(Continued on following pages)

(Page 1 of 20 Pages)

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(1) The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP NO. 141743104 13DPage 3 of 20

(1)NAME OF REPORTING	PERSON		
HealthCor Management, l	L.P.		
(2)CHECK THE APPROPR	IATE BOX IF A MEMBEI	R OF A GROUP	(a) x (b) "
(3) SEC USE ONLY (4) SOURCE OF FUNDS WC			(0)
(5) CHECK BOX IF DISCLO REQUIRED PURSUANT(6) CITIZENSHIP OR PLAC Delaware	T TO ITEMS 2(d) OR 2(e)	EEDINGS IS	
(7) SOLE NUMBER OF	VOTING POWER	0	
SHARES (8) SHAP	ED VOTING POWER		
(8) SHAR BENEFICIALLY	ED VOTING POWER	20,905,795	
OWNED BY			
EACH (9) SOLE	DISPOSITIVE POWER	0	
REPORTING			
PERSON WITH (10) SHAF	RED DISPOSITIVE POWE	R	
		20,905,795	
(11)AGGREGATE AMOUN BY EACH REPORTING		ΈD	
		20,905,795	
(12)CHECK BOX IF THE A IN ROW (11) EXCLUD	AGGREGATE AMOUNT ES CERTAIN SHARES		
(13)PERCENT OF CLASS I BY AMOUNT IN ROW			

(14) TYPE OF REPORTING PERSON

CUSIP NO. 141743104 13DPage 4 of 20

(1)NAME OF REPORTING PERSON	
HealthCor Associates, LLC	
(2)CHECK THE APPROPRIATE BOX IF A MEMI	(a) x
 (3) SEC USE ONLY (4) SOURCE OF FUNDS AF (5) CHECK BOX IF DISCLOSURE OF LEGAL PRO REQUIRED PURSUANT TO ITEMS 2(d) OR 2((6) CITIZENSHIP OR PLACE OF ORGANIZATION Delaware 	(e)
(7) SOLE VOTING POWER NUMBER OF	0
SHARES (8) SHARED VOTING POWER BENEFICIALLY	20,905,795
OWNED BY	
EACH (9) SOLE DISPOSITIVE POWER REPORTING	0
PERSON WITH (10) SHARED DISPOSITIVE PO	WER
	20,905,795
(11)AGGREGATE AMOUNT BENEFICIALLY OV BY EACH REPORTING PERSON	WNED
	20,905,795
(12)CHECK BOX IF THE AGGREGATE AMOUN IN ROW (11) EXCLUDES CERTAIN SHARES	
(13) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)	

(14) TYPE OF REPORTING PERSON

OO- limited liability company

CUSIP NO. 141743104 13DPage 5 of 20

(1)NAME OF REPORTING PERSON		
HealthCor Hybrid Offshore Master Fund, L.P.		
(2) CHECK THE APPROPRIATE BOX IF A MEMBER	OF A GROUP	(a) x (b) "
(3)SEC USE ONLY (4)SOURCE OF FUNDS AF		(0)
 (5) CHECK BOX IF DISCLOSURE OF LEGAL PROCE REQUIRED PURSUANT TO ITEMS 2(d) OR 2(e) (6) CITIZENSHIP OR PLACE OF ORGANIZATION Cayman Islands 	EEDINGS IS	
(7) SOLE VOTING POWER NUMBER OF	0	
SHARES (8) SHARED VOTING POWER		
BENEFICIALLY	20,905,795	
OWNED BY		
EACH (9) SOLE DISPOSITIVE POWER	0	
REPORTING		
PERSON WITH (10) SHARED DISPOSITIVE POWE	R	
	20,905,795	
(11) AGGREGATE AMOUNT BENEFICIALLY OWN BY EACH REPORTING PERSON	ED	
	20,905,795	
(12)CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES		
(13) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)		

(14) TYPE OF REPORTING PERSON

CUSIP NO. 141743104 13DPage 6 of 20

(1)NAME OF REPORTING PERSON		
HealthCor Hybrid Offshore GP, LLC		
(2) CHECK THE APPROPRIATE BOX IF A MEMBER	COF A GROUP	(a) x
 (3) SEC USE ONLY (4) SOURCE OF FUNDS AF (5) CHECK BOX IF DISCLOSURE OF LEGAL PROCE REQUIRED PURSUANT TO ITEMS 2(d) OR 2(e) (6) CITIZENSHIP OR PLACE OF ORGANIZATION Delaware 	EEDINGS IS	(b) "
(7) SOLE VOTING POWER NUMBER OF	0	
SHARES (8) SHARED VOTING POWER BENEFICIALLY	20,905,795	
OWNED BY		
EACH (9) SOLE DISPOSITIVE POWER REPORTING	0	
PERSON WITH (10) SHARED DISPOSITIVE POWE	R	
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(11) AGGREGATE AMOUNT BENEFICIALLY OWN BY EACH REPORTING PERSON	ED	
	20,905,795	
(12)CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES		
(13)PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)		

(14) TYPE OF REPORTING PERSON

OO-limited liability company

CUSIP NO. 141743104 13DPage 7 of 20

(1)NAME OF R	EPORTING PERSON		
HealthCor Gr	oup, LLC		
(2)CHECK THE	APPROPRIATE BOX IF A MEMBER	OF A GROUP	(a) x (b) "
(3) SEC USE ON (4) SOURCE OF AF			(0)
REQUIRED I	K IF DISCLOSURE OF LEGAL PROCE PURSUANT TO ITEMS 2(d) OR 2(e) P OR PLACE OF ORGANIZATION	EDINGS IS	
NUMBER OF	(7) SOLE VOTING POWER	0	
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BENEFICIALLY	(8) SHARED VOTING POWER Y	20,905,795	
OWNED BY			
EACH	(9) SOLE DISPOSITIVE POWER	0	
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PERSON WITH	(10) SHARED DISPOSITIVE POWER	t	
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	TE AMOUNT BENEFICIALLY OWNE REPORTING PERSON	ËD	
		20,905,795	
	X IF THE AGGREGATE AMOUNT) EXCLUDES CERTAIN SHARES		
	OF CLASS REPRESENTED NT IN ROW (11)		

(14) TYPE OF REPORTING PERSON

OO-limited liability company

CUSIP NO. 141743104 13DPage 8 of 20

(1)NAME OF REPORTING PERSON		
HealthCor Partners Management, L.P.		
(2)CHECK THE APPROPRIATE BOX IF A MEMBER	OF A GROUP	(a) x (b) "
 (3) SEC USE ONLY (4) SOURCE OF FUNDS WC (5) CLECK DOX JE DISCLOSUBE OF LECAL PROCE 		(0)
 (5)CHECK BOX IF DISCLOSURE OF LEGAL PROCI REQUIRED PURSUANT TO ITEMS 2(d) OR 2(e) (6)CITIZENSHIP OR PLACE OF ORGANIZATION Delaware 	EEDINGS IS	
(7) SOLE VOTING POWER NUMBER OF	0	
SHARES (8) SHARED VOTING POWER		
BENEFICIALLY	18,228,976	
OWNED BY		
EACH (9) SOLE DISPOSITIVE POWER	0	
REPORTING		
PERSON WITH (10) SHARED DISPOSITIVE POWE	R	
	18,228,976	
(11)AGGREGATE AMOUNT BENEFICIALLY OWN BY EACH REPORTING PERSON	ED	
	18,228,976	
(12)CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES		
(13) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)		

11.6%

(14) TYPE OF REPORTING PERSON

CUSIP NO. 141743104 13DPage 9 of 20

(1)NAME OF R	EPORTING PERSON		
HealthCor Pa	rtners Management GP, LLC		
(2)CHECK THE	E APPROPRIATE BOX IF A MEMBER	OF A GROUP	(a) x (b) "
(3)SEC USE ON (4)SOURCE OF AF			
(5)CHECK BOX REQUIRED	K IF DISCLOSURE OF LEGAL PROCE PURSUANT TO ITEMS 2(d) OR 2(e) P OR PLACE OF ORGANIZATION	EDINGS IS	
NUMBER OF	(7) SOLE VOTING POWER	0	
SHARES			
BENEFICIALLY	(8) SHARED VOTING POWER Y	18,228,976	
OWNED BY			
EACH	(9) SOLE DISPOSITIVE POWER	0	
REPORTING		0	
PERSON WITH	(10) SHARED DISPOSITIVE POWER	R	
		18,228,976	
	TE AMOUNT BENEFICIALLY OWNE REPORTING PERSON	ED	
		18,228,976	
	X IF THE AGGREGATE AMOUNT 1) EXCLUDES CERTAIN SHARES		
	OF CLASS REPRESENTED NT IN ROW (11)		

11.6%

(14) TYPE OF REPORTING PERSON

OO- limited liability company

CUSIP NO. 141743104 13DPage 10 of 20

(1)NAME OF REPORTI	ING PERSON		
HealthCor Partners Fu	und, L.P.		
(2)CHECK THE APPRO	OPRIATE BOX IF A MEMBER	OF A GROUP	(a) x
REQUIRED PURSUA	S CLOSURE OF LEGAL PROCE ANT TO ITEMS 2(d) OR 2(e) LACE OF ORGANIZATION	EDINGS IS	(b) "
(7) SC NUMBER OF	DLE VOTING POWER	0	
SHARES (8) SH BENEFICIALLY	IARED VOTING POWER	18,228,976	
OWNED BY			
EACH (9) SC REPORTING	DLE DISPOSITIVE POWER	0	
PERSON WITH (10) SH	HARED DISPOSITIVE POWER	ł	
(11)AGGREGATE AMO	OUNT BENEFICIALLY OWNE	18,228,976 ED	
BY EACH REPORT	TING PERSON	18,228,976	
	IE AGGREGATE AMOUNT LUDES CERTAIN SHARES		
(13)PERCENT OF CLA BY AMOUNT IN R			

11.6%

(14) TYPE OF REPORTING PERSON

CUSIP NO. 141743104 13DPage 11 of 20

(1)NAME OF R	EPORTING PERSON		
HealthCor Pa	rtners L.P.		
(2)CHECK THE	APPROPRIATE BOX IF A MEMBER	OF A GROUP	(a) x
REQUIRED		EEDINGS IS	(b) "
NUMBER OF	(7) SOLE VOTING POWER	0	
SHARES BENEFICIALLY	(8) SHARED VOTING POWER Y	18,228,976	
OWNED BY			
EACH REPORTING	(9) SOLE DISPOSITIVE POWER	0	
	(10) SHARED DISPOSITIVE POWER	R	
	TE AMOUNT BENEFICIALLY OWNE REPORTING PERSON	18,228,976 ED	
DTEXCIT		18,228,976	
	X IF THE AGGREGATE AMOUNT) EXCLUDES CERTAIN SHARES		
	OF CLASS REPRESENTED NT IN ROW (11)		

11.6%

(14) TYPE OF REPORTING PERSON

CUSIP NO. 141743104 13DPage 12 of 20

(1)NAME OF REPORT	ΓING PERSON		
HealthCor Partners (GP, LLC		
(2)CHECK THE APPR	COPRIATE BOX IF A MEMBER	OF A GROUP	(a) x (b) "
(3) SEC USE ONLY (4) SOURCE OF FUNE AF	DS		
REQUIRED PURSU	SCLOSURE OF LEGAL PROCE JANT TO ITEMS 2(d) OR 2(e) PLACE OF ORGANIZATION	EEDINGS IS	
(7) S NUMBER OF	OLE VOTING POWER	0	
SHARES (8) S BENEFICIALLY	HARED VOTING POWER		
		18,228,976	
OWNED BY			
EACH (9) S	OLE DISPOSITIVE POWER	0	
REPORTING		0	
PERSON WITH (10) S	SHARED DISPOSITIVE POWE	ર	
		18,228,976	

(11) AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON