### Edgar Filing: ENDOCARE INC - Form 4

ENDOCARE INC Form 4										
April 09, 2008								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box if no longer subject to Section 16.	MENT O	F CHAN	NGES IN SECUI	Estimated burden hou	urs per					
Form 4 or Form 5 obligations may continue.response0See Instruction 1(b).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 19400										
(Print or Type Respon	nses)									
1. Name and Address DANIELS JOHN	Symbol	er Name <b>an</b> CARE IN		C	5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) 3. Date of Earliest Transaction				0]	(Check all applicable)					
C/O ENDOCAR TECHNOLOGY	(Month/Day/Year) 04/07/2008				X_ Director10% Owner Officer (give titleOther (specify below)below)					
(	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				ıl	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
IRVINE, CA 926	518						Person	More than One R	eporting	
(City) (	State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date th/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Report on	a separate line	e for each cl	ass of sec	urities bene	-	-	-			
					inforr requi	nation cont red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units (1)	<u>(2)</u>	04/07/2008		А		1,938.29		(3)	(3)	Common Stock	1,938.29

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DANIELS JOHN R C/O ENDOCARE, INC. 201 TECHNOLOGY DRIVE IRVINE, CA 92618	Х						
Signatures							
/s/ Clint B. Davis, as attorney-in-fact		04/09/2008					

<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).

Granted under the Company's Non-Employee Director Deferred Stock Unit Program (the "Director DSU Program"). The deferred stock
(1) units (DSUs) covered by this Form 4 represent director fees earned during the quarter ended March 31, 2008, which Dr. Daniels elected to receive in the form of DSUs instead of cash.

- (2) Each DSU reflects the right to receive one share of common stock in the future, subject to the terms and conditions of the Director DSU Program.
- (3) The DSU "payout date" is the earlier of (i) May 9, 2011, or (ii) as soon as administratively practicable following Dr. Daniels' separation from service (but in no event earlier than December 31, 2009).
- (4) Not applicable.

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.