## Edgar Filing: CRDENTIA CORP - Form 4

CRDENTIA CO Form 4	RP										
October 20, 2004	4										
FORM 4			GEGU					NT	PPROVA	L	
Check this box	UNITED	SIAIES		shington			COMMISSIO	Number:	3235-		
if no longer					WNERSHIP OF	Expires:	Januai	y 31, 2005			
subject to Section 16. Form 4 or Form 5		SECU	RITIES	Estimated burden hou response	ted average hours per						
obligations may continue.	obligations may continue. See Instruction See Instruction Obligations See Instruction Obligations See Instruction Obligations 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 Respo	onses)										
1. Name and Addre TONEY C FRE	2. Issuer Name <b>and</b> Ticker or Trading Symbol CRDENTIA CORP [CRDE]			5. Relationship of Reporting Person(s) to Issuer							
(Last) (Eiret) (Middla)			3. Date of Earliest Transaction				(Check all applicable)				
(Last) (First) (Middle) C/O MEDCAP PARTNERS LP, 500 3RD STREET, SUITE 535			(Month/Day/Year) 10/12/2004			X_DirectorX_10% Owner Officer (give titleOther (specify below) below)					
J			4. If Amendment, Date Original Filed(Month/Day/Year)			<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>					
SAN FRANCIS	CO, CA 941	07					Person		1 0		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	ł	
	ansaction Date nth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl ip	
Reminder: Report of	n a separate line	for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					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	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	De
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Se

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	.) I () ()	Acquired A) or Disposed D) Instr. 3, and 5)	d of					(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Series C Preferred Stock	\$ 0.6	10/12/2004		Р		1,250		10/12/2004	<u>(1)</u>	Common Stock	125,000	
Series C Preferred Stock	\$ 0.6	10/12/2004		Р		3,125		10/12/2004	<u>(1)</u>	Common Stock	312,500	

## **Reporting Owners**

	Relationships							
<b>Reporting Owner Name / Address</b>	Director	10% Owner	Officer	Other				
TONEY C FRED C/O MEDCAP PARTNERS LP 500 3RD STREET, SUITE 535 SAN FRANCISCO, CA 94107	X	X						
Signatures								
	12004							

C. Fred Toney 10/20/2004 <u>\*\*</u>Signature of Date Reporting Person

## **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).

(1) Not applicable.

The Reporting Person is the managing member of MedCap Management & Research LLC, the general partner of MedCap Partners LP.

(2) The Reporting Person disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest in the named entity, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.

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.

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