## Edgar Filing: CRDENTIA CORP - Form 4

CRDENTIA	CORP											
Form 4												
March 02, 20	)06											
FORM	14								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check the						Expires:	January 31,					
subject to <b>STATEMENT OF CHAN</b>						CIAL	OWN	NERSHIP OF	•	2005 average		
Section 1	Section 16. SECURITIES								Estimated average burden hours per			
Form 4 o Form 5									response 0.			
obligation	<b>^</b>						•	e Act of 1934,				
may cont	Section 1			•	U 1	•		1935 or Section	1			
See Instru	uction	30(h)	of the In	vestment	Company	Act	of 194	0				
1(b).												
(Print or Type F	Responses)											
JI.	I I I I I I I I I I I I I I I I I I I											
1. Name and A	ddress of Reportir	ng Person <sup>*</sup>	2. Issuer	r Name <b>and</b>	Ticker or T	rading		5. Relationship of	Reporting Person(s) to			
MEDCAP PARTNERS LP Symbol						0		Issuer				
				TIA COI	RP [CRDE	E]		(Chaoly all applicable)				
			3 Date of	f Earliest Tr	ansaction	-		(Check all applicable)				
(Mont			(Month/D		unsuetion			Director _X_ 10% Owner Officer (give titleOther (specify				
			03/01/2	-								
								below)	below)			
(Street) 4. If Ame				nendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mor	nth/Day/Year	)			Applicable Line) _X_ Form filed by C	ne Reporting Pe	rson		
SAN FRAN	CISCO, CA 94	1107						Form filed by M				
SANTRAN	CI5CO, CA )-	107						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date 2A. Deemed			3.	4. Securitie	es Acq	uired	5. Amount of	6. Ownership Form: Direct			
Security (Instr. 3)	(Month/Day/Yea	any any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities Beneficially	(D) or	Beneficial		
(		•						Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock	03/01/2006			<b>J</b> (1)	433,595	А	<u>(2)</u>	13,285,928	D			
STOCK												

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2. Conversion	3. Transaction Date		4. Transcor	5.	han	6. Date Exerc		7. Titl		8. Price of	9. Nu Darii
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transac Code (Instr. 8)	of Deri Secu Acqu (A) o Disp of (I (Inst	nNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Amou Under Secur (Instr.	rlying	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr	
				Code V	ŕ	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips		
reporting of the rante ( radiess	Director	10% Owner	Officer	Other	
MEDCAP PARTNERS LP 500 3RD STREET SUITE 535 SAN FRANCISCO, CA 94107		Х			
Signatures					
MedCap Partners LP By: MedC	ap Mana	gement & Re	esearch L	LC, its General Partner /s/ C.	03/02/2006

Fred Toney

\*\*Signature of 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) Common Stock dividend on Series C Preferred Stock.
- (2) 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.

Date