FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHAFFER DERACE L							HAQ ]									X Director		1	L0% O	wner	
(Last)		(First)	(N	1iddle)			X Officer (c below)												Other ( pelow)	specify	
HEALTHCARE ACQUISITION CORP.							3. Date of Earliest Transaction (Month/Day/Year)										Vice Chain	Vice Chairman and CEO			
2116 FINANCIAL CENTER, 666 WALNUT						05/1	05/15/2007														
STREET						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					1										Line)						
DES MOINES IA 50309														F	Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)																1 (1301)					
			Table	l - Nor	n-Deriva	ative	Sec	uritie	s Acq	uired,	Dis	posed o	f, or l	Bene	eficia	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					(A) or 3, 4 aı	nd Sed Bei Ow	amount of curities neficially ned Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A (D	) or ))	Price	Tra	oorted nsaction(s) str. 3 and 4)			(Instr. 4)	
Common Stock <sup>(1)</sup> 05/15/.					2007				P		10,000	)	A	\$7.	54	972,000					
Common Stock <sup>(1)</sup> 05/16/					/2007				P		10,000		A	\$7.	.54 982,000		D				
			Tal									sed of, o				y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivative Security	on Dat se (Mo	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		str.	8. Price Derivativ Security (Instr. 5)		Owner Form: Direct or Indi (I) (Ins	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or	ount nber ires						
Warrants <sup>(2)</sup>	(3)									(3)		(3)	N/A		3)		141,960	D			

## Explanation of Responses:

- 1. Purchase made on behalf of Dr. Schaffer pursuant to the guidelines set forth in SEC Rule 10b5-1 in connection with a Rule 10b5-1 Plan.
- 2. The Warrants will become exercisable on the latter of the completion of a business combination with a target business and July 28, 2006.
- 3. N/A.

/s/ Derace Schaffer, MD

05/17/2007

Date

\*\* Signature of Reporting Person

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

- \* 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.