FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
1	Estimated average I	average burden									

0.5

hours per response:

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

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)					
<u>PAPPAJOHN JOHN</u>						HAQ]								X	X Director			10% Ow	ner	
(Last)	(F	irst)	(Middle)			v Officer (give title Othe										Other (s below)	pecify			
HEALTHCARE ACQUISITION CORP.						Date of Earliest Transaction (Month/Day/Year)									Chairman and Secretary					
·						12/01/2005														
2116 FINANCIAL CENTER, 666 WALNUT STREET																				
JITTEL			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Line) X Form filed by One Reporting Person					
DES MO	INES IA	\	50309											X		•	•	•		
															Person		e tnan	One Repor	ing	
(City)	(S	itate)	(Zip)																	
		Tab	le I - Non	ı-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	enefic	ially	Owned					
1. Title of S	Security (Ins	tr. 3)		2. Trans	action		2A. Deeme		3.	-4: - ·-		ties Acqui							7. Nature of Indirect	
Date (Month/I					Day/Ye	ay/Year) Execution Da			Code (Ins				Beneficia Owned Fo Reported		lly (D) o	(D) or	r Indirect E	Beneficial		
					(Month/Day/Yea			ar) 8)								Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	(A) or Price		Transacti (Instr. 3 a			.		
Common	Stock									 			882,000			D				
Common Stock													882,000			ט				
		-	Table II - I												wned					
			((e.g., p	uts,	call	s, warra	ants	, option	s, c	onvertil	ble sec	uritie	s)						
1. Title of 2. 3. Transaction 3A. Deemed					4.		5. Number		6. Date Exerci						3. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transaction Code (Instr					Expiration Date (Month/Day/Year)		of Securities Underlying			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
			В)		Securities Acquired (A) or		, ,			Derivativ	e Secu	urity (Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
							(Instr. 3 and 4)							Following Reported Transaction(s)		(I) (Instr. 4)	(11150: 4)			
					Disposed of (D) (Instr.															
			L			3, à ánd 5)									(Instr. 4)					
								Ш					Amo	unt						
								Ш					Num	ber						
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shai	es						
Warrants ⁽¹⁾	\$6	12/01/2005			P		20,000		(2)	(07/27/2009	Common	20,0	000	\$1	59,440	,	D		
(1)				-			+	$\vdash \vdash$		\dashv		Common								
Warrants ⁽¹⁾	\$6	12/02/2005			P		10,000		(2)	10	07/27/2009	Stock	10,0	JUU	\$1.04	69,440		D		

Explanation of Responses:

- 1. Purchase made on behalf of Mr. Pappajohn 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 later of the completion of a business combination with a target business and July 28, 2006.

/s/ John Pappajohn

12/05/2005

** Signature of Reporting Person

Date

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.