### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* KINLEY MATTHEW P						2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KINLE	<u>IY MAI'I</u>	HEW P				1Q ]	<u> </u>	IIIL	nege	7101	11011	CORT	r	X	Directo	or		10% Ow	/ner	
(Last)	(F	irst)	(Middle)			ıų j								X	Officer below)	(give title		Other (s below)	pecify	
HEALTHCARE ACQUISITION CORP.							3. Date of Earliest Transaction (Month/Day/Year)								President & Treasurer					
2116 FINANCIAL CENTER, 666 WALNUT STREET						12/05/2005														
			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)													٦	X	Form	iled by One	e Repo	orting Perso	n	
DES MO	DINES II	)	50309											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Dis	osed o	of, or Be	enefici	ally	Owned	1				
1. Title of Security (Instr. 3)  2. Trans Date (Month/						ar)	PA. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acqui d Of (D) (Ir		4 and Securitie Benefici Owned I		es For ially (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Pric	e	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock														441,000			D			
		T	able II - [						uired, D , option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date,	4. Transacti Code (Ins				6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S (li		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amour or Number of Shares	r						
Warrant <sup>(1)</sup>	\$6	12/05/2005			P		7,000		(2)	0	7/27/2009	Common Stock	7,000	) :	\$1.0477	41,720		D		
Warrant <sup>(1)</sup>	\$6	12/06/2005			P		5,800		(2)	0	7/27/2009	Common Stock	5,800		\$1.05	47,520	)	D		

## Explanation of Responses:

- 1. Purchase made on behalf of Mr. Kinley 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.

<u>/s/ Matthew P. Kinley</u> <u>12/07/2005</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.