FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

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).

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* <u>Camut Christopher C</u>				2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (also title) Other (assocified)						
(Last) (First) (Middle) C/O PHARMATHENE, INC. ONE PARK PLACE, SUITE 450					3. Date of Earliest Transaction (Month/Day/Year) 10/02/2007 4. If Amendment, Date of Original Filed (Month/Day/Year)							X Officer (give title Other (specify below) Chief Financial Officer 6. Individual or Joint/Group Filing (Check Applicable						
(Street)		MD State)	21401		4. IT AM	enament, I	Date of	t Original F	·ilea (Montn/Da	ay/Year)		ine) X	Form fil	ed by One	Repor	ting Person	
(City)	(3	State)	(Zip)	Doriva	tivo S	ocuritio	- A C	auirod l	Dier	nosod o	of or Bo	nofici	ally (Ownod				
1. Title of Security (Instr. 3) 2. Tr			2. Transac Date	-		Code (Instr.		red (A) or	or 5. Amour Securitie Beneficia		s Fo ally (D) following (I)		Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount (A) or (D)		or Pric	e		orted nsaction(s) tr. 3 and 4)			(Instr. 4)		
Common Stock, \$0.0001 par value per share 10/02				10/02/2	2/2007		A		24,000 ⁽¹⁾ A		\	(1)	24,000			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercis or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Cod	saction e (Instr.	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shar	r		Transaction(s (Instr. 4)			
Stock Option (right to buy)	\$5.2	10/02/2007		P		215,000		(2)	10	0/02/2017	Common Stock	215,0	00	(3)	215,00	00	D	

Explanation of Responses:

- 1. The restricted stock award vests over a 3 year period with 33 1/3% vesting on the first anniversary of the grant date or 10/02/2008, 33 1/3% vesting on the second anniversary of the grant date or 10/02/2009, and the balance vesting on the third anniversary of the grant date or 10/02/2010.
- 2. The option vests over a 4 year period with 20% vesting immediately, 20% vesting on the first anniversary of the grant date or 10/02/2008 and the remainder vesting monthly on a pro-rata basis over the succeeding 36 months following the first anniversary date.
- 3. On October 2, 2007, the date such stock options were granted and restricted stock was awarded, the closing price of the Issuer's common stock was \$5.20 per share.

/s/ Christopher C. Camut 10/04/2007

** 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.