FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	en								
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* KINLEY MATTHEW P						2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP [									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KINLE	Y MAI	IHEW P				Q ]	11101		11000		11011	00111	L		V Director	r		10% Ov	vner	
(Last)	(F	First) (	Middle)		117	.Q ]								2	Officer below)	(give title		Other (s below)	specify	
HEALTHCARE ACQUISITION CORP					3. D	3. Date of Earliest Transaction (Month/Day/Year)								7	President and Treasurer					
2116 FINANCIAL CENTER, 666 WALNUT STREET					12/12/2005  4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
					4. "	AIIICI	nument,	Date 0	n Originai	illeu	(IVIOITIIII/D	ay/ rear)		Line		ioiiil/Group	i iiiig	(Спеск Ар	plicable	
(Street)	INIEC I		-0200											2	K Form f	led by One	Repo	orting Perso	n	
DES MOINES IA 50309														Form filed by More than One Reporting Person						
(City)	(5	State) (	(Zip)																	
		Tab	le I - Nor	n-Deriv	ative	Sec	curities	s Acc	quired,	Disp	osed c	of, or B	ene	ficiall	y Owned	l				
Date				Date	•		2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Disp Code (Instr. 5)		Dispose	urities Acquired (A eed Of (D) (Instr. 3,			Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	nmon Stock													441,000		,000		D		
		Т	able II - I						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisal Expiration Date (Month/Day/Year		ble and 7. Title and Amount of		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		xpiration ate	Title	or Nu of	umber						
Warrants <sup>(1)</sup>	\$6	12/12/2005			P		2,000	$\Box$	(2)	0	7/27/2009	Commo	n 2	,000	\$1.13	60,100	)	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>12/14/2005</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.