## SEC Form 4

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 OMB APPROVAL
OMB Number: 3235-0287

Estimated average burden hours per response:	
hours per response:	0.5

			or Section So(ii) of the investment Company Act of 1940			
1. Name and Address MORGES WA	<u>YNE</u>		2. Issuer Name and Ticker or Trading Symbol <u>HEALTHCARE ACQUISITION CORP</u> [ PIP ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below)		
(Last) (First) (Middle) C/O PHARMATHENE, INC ONE PARK PLACE SUITE 450		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/02/2007		VP, Regulatory	Affairs
		21401 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	dual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	rting Person

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities A Disposed Of (I			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, \$0.0001 par value per share	10/02/2007		A		12,500 <sup>(1)</sup>	Α	(1)	12,500	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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		Derivative I		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy)	\$5.2	10/02/2007		Р		115,000		(2)	10/02/2017	Common Stock	115,000	(3)	115,000	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.

# <u>/s/ Wayne Morges</u>

\*\* Signature of Reporting Person

<u>10/04/2007</u> 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.