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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

Name and Address of Reporting Person*     SCHAFFER DERACE L						2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP [ HAQ ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) (First) (Middle)																below)			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HEALTHCARE ACQUISITION CORP.						3. Date of Earliest Transaction (Month/Day/Year)										Forn	ner Offic	er an	d Director		
2116 FINANCIAL CENTER, 666 WALNUT						08/07/2007															
STREET								. D-4-	-40	od odnost - L	:11 -	(A. 4 + l- /D	6 10	6. Individual or Joint/Group Filing (Check Applicable							
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										Line)					
(Street)																Form fi	led by One	Repo	orting Perso	1	
DES MOINES IA 50309			50309													Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar) E	A. Deemed xecution Date, any Month/Day/Year)		e,	Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	t	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			,iiisti. 4)	
Common Stock <sup>(1)</sup> 08/07/					7/200	/2007				P		40,0	00	A	\$7.7	1,02	2,000		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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	ate, T	4. Transactio Code (Inst ) 8)		of	ired r osed ) r. 3, 4	Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			of Sec Under	urities lying ttive S 3 and	ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration te	Title	0	mount r lumber f Shares						
Warrants <sup>(2)</sup>	\$6								08/0	03/2007	07/	28/2009	Comm		41,960		141,96	50	D		

## Explanation of Responses:

- 1. Reporting person has granted options to purchase an aggregate of 430,836 shares to five entities which may not be exercised until July 28, 2008.
- 2. The Warrants became exercisable on August 3, 2007, the date upon which Healthcare Acquisition Corp. completed its business combination with PharmAthene, Inc.

/s/ Derace Schaffer, MD

08/16/2007

\*\* 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.