| SEC For | m 4 | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-----------------------------|--|--|-----------------------|---------------|---|--------|----------------------------|---------|---|--|--|--|-------------------------|-----------------------------------|---|--|
| FORM 4 UNITED S | | | | | TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | | rsuant f | o Sect | ion 16 | i(a) of the Se | curiti | es Excha | _ | SHIP | Estim | OMB Number: 3 Estimated average burden hours per response: | | 3235-0287 :n 0.5 | | | |
| 1. Name and Address of Reporting Person* PAPPAJOHN JOHN (Last) (First) (Middle) HEALTHCARE ACQUISITION CORP 2116 FINANCIAL CENTER, 666 WALNUT STREET | | | | | | or Section 30(h) of the investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP HAQ 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2007 | | | | | | | | | Relationship of Reporting Person(s) to Issuer neck all applicable) X Director 10% Owner X Officer (give title Other (specify below) below) Chairman and Secretary | | | | | |
| (Street) DES MOINES IA 50309 (City) (State) (Zip) | | | | | . 4. 1 | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transe Date (Month/E Common Stock 08/07 | | | | | action 2A. Deemed Execution Da | | | med on Dat | te, 3. Transaction Code (Instr. | | 4. Securities Acquired (A) | | | (A) or | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | 07/2007 | | | | Code | v | Amount | | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | D | | (Instr. 4) | |
| Common | Slock | - | | Deriva | tive | Secu | | | quired, Dits, option | | osed of | f, or E | Benef | | , - | 2,000 | <u> </u> | D | | |
| 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/Day | l 4. Date, Trans Code | | action | 5. Number ction of | | 6. Date Exer Expiration E (Month/Day) | 1 | | mount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | OI N Of | mount umber Shares | | | | | | |
| Warrants ⁽¹⁾ | \$6 | | | | | | | | 08/03/2007 | 07 | /28/2009 | Comn | | 41,960 | | 141,9 | 60 | D | 1 | |

Explanation of Responses:

1. The Warrants became exercisable on August 3, 2007, the date upon which Healthcare Acquisition Corp. completed its business combination with PharmAthene, Inc.

<u>/s/ John Pappajohn</u>

** Signature of Reporting Person

08/09/2007

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.