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* PAPPAJOHN JOHN | | | | | | 2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP [HAQ] | | | | | | | | | 5. Relationship of Repo (Check all applicable) X Director | | 10% (| Owner |
|--|---|---|------------------------|---------|--|---|--|-------|------------------------------------|------|--|---|--------------------------------|---|---|---|--|---|
| (Last) (First) (Middle) HEALTHCARE ACQUISITION CORP. 2116 FINANCIAL CENTER, 666 WALNUT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2007 | | | | | | | | | X Officer (give title Other (specify below) Chairman and Secretary | | | |
| STREET (Street) DES MOINES IA 30509 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X For For | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | - | Γable I - No | n-Deriv | ative | Sec | uritie | s Acq | uired, | Dis | posed o | f, or I | 3ene | ficia | lly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | r) Ex | 2A. Deemed Execution Date, f any (Month/Day/Year) | | | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | d Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Trans | action(s) . 3 and 4) | | (11150.4) |
| Common Stock ⁽¹⁾ 05/09/ | | | | | | | 2007 | | P | | 10,000 |) | A | \$7.54 | | 32,000 | D | |
| Common Stock ⁽¹⁾ 05/10/ | | | | | | 2007 | | | P | | 10,000 |) | A | \$7.5 | 55 9 | 42,000 | D | |
| | | | Table II - | | | | | | | | sed of, o | | | | / Owned | I | | · |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution (ear) if any | | Date, Transacti Code (Ins | | on of | | 6. Date E Expiratio (Month/I | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | str. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amo or Num of Shai | ber es | | | | |
| Warrants ⁽²⁾ | (3) | | | - 1 | | l | | | (3) | - 1 | (3) N/A | | (3 |) | | 141,960 | D | 1 |

Explanation of Responses:

- 1. Purchase made on behalf of Mr. Pappajohn 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.

3. N/A.

/s/ John Pappajohn

05/11/2007

** 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.