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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>KINLEY MATTHEW P</u>						2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP [HAQ]									applic Directo	10% Owner			vner
(Last) (First) (Middle) 2116 FINANCIAL CENTER					3. Date of Earliest Transaction (Month/Day/Year) 12/19/2005										elow)	r (give title resident and T		below)	specify
(Street) DES MOINES IA 50309 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/L									3. Transac	3. 4. Transaction D Code (Instr. 5)		of, or Be ities Acquir d Of (D) (In	red (A) or	or 5. Amou 4 and Securiti Benefic		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock								Code	V	Amount	(A) o (D)	Price	Tr	Transaction(s) (Instr. 3 and 4) 441,000			D	,,,,,	
		Т	able II -									, or Ben ble secu		y Owi	ned			,	•
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	Date,	4. Transaction Code (Instr. B)		n of		6. Date Exe Expiration Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Pri Deriv Secu (Instr	ative rity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	Code	v	(A)		Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	er					
Warrants ⁽¹⁾	\$6	12/19/2005			P		5,000		(2)	0	7/27/2009	Common	5,000	\$1	1.2	70,980	0	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.

12/21/2005

** 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.