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 burden hours per response: 0.5

	Check this box if no longer subject to										
١	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* SCHAFFER DERACE L							2. Issuer Name and Ticker or Trading Symbol HEALTHCARE ACQUISITION CORP										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHAFFER DERACE L						HA	HAQ]									X Director			10% O			
(Last)		(Firs	t) (N	/liddle)													Officer (give title below)		Other (specify below)			
HEALTHCARE ACQUISITION CORP. 2116 FINANCIAL CENTER, 666 WALNUT STREET							3. Date of Earliest Transaction (Month/Day/Year) 05/09/2007										Vice Chairman and CEO					
SIKELI						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DES MOINES IA 50309																X F						
(City) (State) (Zip)																						
			Table	e I - Nor	n-Deriva	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally Ov	/ned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution D			Date,	3. Transa Code (8)						nd Se Be Ov	Amount of curities neficially yned Following	Forn (D) c	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A (D	() or	Price	Tra	ported insaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock ⁽¹⁾ 05/09/												10,000)	A	\$7.54		932,000		D			
Common Stock ⁽¹⁾ 05/10/2										P		10,000)	A	\$7.	55	942,000		D			
			Та									sed of, o				y Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Convers or Exerc Price of Derivativ Security	sion cise ve	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (8)		on of		6. Date E Expiratio (Month/D	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		str.	8. Price Derivati Security (Instr. 5)	derivative Securities	y 0	10. 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	or	ount nber res							
Warrants ⁽²⁾	(3)	- 1					1		1	(3)		(3)	N/A	1 (3)		141,960		D			

Explanation of Responses:

- 1. Purchase made on behalf of Dr. Schaffer 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/ Derace Schaffer, MD

05/11/2007

Date

** Signature of Reporting Person

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.