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ISOLAGEN	INC										
Form 4 December 04	2007										
									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934,					Expires: January 3 200 Estimated average burden hours per response 0		
obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the	Public Ut		ing Con	ipany	Act of	f 1935 or Sectio	n		
(Print or Type R	(esponses)										
Calman Sandra Symbol			Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	/liddle)	3. Date of Earliest Transaction (Check					all applicable)			
				Day/Year)				Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Medical Officer & V.P.			
Filed(Mon				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
EXTON, PA	19341							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. (Month/Day/Year) Exe any (Mo		on Date, if	Code	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common stock	11/30/2007			Р	3,300	А	\$ 2.94	3,300	D		
Common stock	11/30/2007			Р	100	А	\$ 2.92	3,400	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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 Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting o wher frame, frautess	Director	10% Owner	Officer	Other			
Calman Sandra 405 EAGLEVIEW BOULEVARD EXTON, PA 19341			Chief Medical Officer & V.P.				
Signatures							
/s/ Sandra							

/s/ Sandra 12/03/2007 Calman 12/03/2007

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.