Edgar Filing: DANIELS JOHN R - Form 4

Form 4							
October 10, 2006							
FORM 4	OMB APPROVAL						
UNITE	OMB Number:	3235-0287 January 31,					
Check this box if no longer							
subject to STATE Section 16. Form 4 or		ANGES IN BENEFICIAL O SECURITIES	Estimated burden hou response	urs per			
abligations	7(a) of the Public	n 16(a) of the Securities Excha Utility Holding Company Act Investment Company Act of 1	of 1935 or Section	1			
(Print or Type Responses)							
1. Name and Address of Reportir DANIELS JOHN R	Symb	suer Name and Ticker or Trading ol OCARE INC [ENDO]	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First)		e of Earliest Transaction	(Check	ck all applicable)			
C/O ENDOCARE, INC., 2 TECHNOLOGY DRIVE	(Mor	th/Day/Year) 5/2006	X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street)		Amendment, Date Original Month/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 				
IRVINE, CA 92618			Person	ore than One R	eporting		
(City) (State)	(Zip)	Cable I - Non-Derivative Securities	Acquired, Disposed of	, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		Code Disposed of (D)	SecuritiesFeBeneficially(IOwned(IFollowing(IReportedTransaction(s)	Ownership orm: Direct)) or Indirect) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code V Amount (D) Price	(Instr. 3 and 4)				
Reminder: Report on a separate li	ne for each class of	securities beneficially owned directly	•				
		information con required to resp	spond to the collect tained in this form a ond unless the forn ntly valid OMB cont	are not n	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units (1)	<u>(2)</u>	10/06/2006		A		6,944.44		(3)	(3)	Common Stock	6,944.44

er

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Othe			
DANIELS JOHN R C/O ENDOCARE, INC. 201 TECHNOLOGY DRIVE IRVINE, CA 92618	Х						
Signatures							
Clint B. Davis, as attorney-in-fact	1	0/10/2006					

**Signature of Reporting Person

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).

Date

- Granted under the Company?s Non-Employee Director Deferred Stock Unit Program (the "Director DSU Program"), which is described
 in the Form 8 K filed by the Company on May 22, 2006. The Deferred Stock Units covered by this Form 4 represent director fees earned during the quarter ended September 30, 2006, which Dr. Daniels elected to receive in the form of Deferred Stock Units instead of cash.
- (2) Each Deferred Stock Unit reflects the right to receive one share of Common Stock in the future, subject to the terms and conditions of the Director DSU Program.
- (3) The DSU "payout date" is as soon as administratively practicable following Dr. Daniel's separation from service (but in no event earlier than June 17, 2008).
- (4) Not applicable.

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.