VITAL LIVING INC

Form 4

January 10, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * SKYEPHARMA PLC			2. Issuer Name and Ticker or Trading Symbol VITAL LIVING INC [VTLV.OB]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check air approacte)		
105 PICCADILLY			(Month/Day/Year) 12/16/2004	Director Officer (give title below) Other (specify below)		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
LONDON, ENGLAND WIJ7NJ			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(State)

(Zin)

(City)	(State) (Table Table	e I - Non-D	erivative Se	ecuriti	es Acqı	uired, Disposed of	i, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	execution Date, if Transaction Code			uired of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/16/2004		Code V <u>J(1)</u>	Amount 338,983 (1)	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4) 14,892,177	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ite	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
	·				(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
				Code V	(A) (D)	Date	Expiration	Title Amount		
						Exercisable	Date	or		
								Number		
								of		
								Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
.r g	Director	10% Owner	Officer	Other			
SKYEPHARMA PLC							
105 PICCADILLY		X					
LONDON, ENGLAND WIJ7NJ							

Signatures

/s/ Donald 01/10/2005 Nicholson **Signature of Date 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).

The acquisition of the Common Stock of the Issuer represents a semi-annual interest payment on the principal amount of \$1,000,000 of the Issuer's 12% Senior Secured Convertible Notes held by SkyePharma. The Issuer agreed with a majority of the holders of the Notes that effective October 15, 2004 all of the interest on the Notes commencing with the interest payment due in December 2004 would be payable at the Issuer's sole option in Common Stock of the Issuer. The December 2004 semi-annual interest payment was made at the rate of 12% per annum. The \$60,000 interest payment was converted into Common Stock of the Issuer at a price of \$0.177 per share to yield 338,983 shares of Common Stock of the Issuer.

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.

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