

HEMOSENSE INC  
Form 3  
June 13, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Balsara Paul		(Month/Day/Year)	HEMOSENSE INC [HEMO]	
(Last)	(First)	(Middle)	06/13/2005	
C/O HEMOSENSE, INC.,Â 651 RIVER OAKS PKWY			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN JOSE,Â CAÂ 95134			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			Chief Financial Officer	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of Shares			

(Instr. 5)

Employee Stock Option (right to buy)	Â (1)(4)	07/17/2011	Common Stock	3,000	\$ 0.8	D	Â
Employee Stock Option (right to buy)	Â (2)(4)	03/30/2014	Common Stock	65,000	\$ 0.8	D	Â
Employee Stock Option (right to buy)	Â (3)(4)	02/17/2015	Common Stock	25,000	\$ 0.8	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Balsara Paul C/O HEMOSENSE, INC. 651 RIVER OAKS PKWY SAN JOSE, CA 95134	Â	Â X	Â Chief Financial Officer	Â

## Signatures

/s/ Paul Balsara 06/13/2005

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) This option vests and becomes exercisable as to 25% of the shares on July 17, 2002 and 1/48th of the shares on the 1st day of each month thereafter.
  - (2) This option vests and becomes exercisable as to 25% of the shares on April 1, 2003 and 1/48th of the shares on the 1st day of each month thereafter.
  - (3) This option vests and becomes exercisable as to 25% of the shares on February 17, 2006 and 1/48th of the shares on the 1st day of each month thereafter.
  - (4) This option will also immediately vest as to 20% of the shares upon the effective date of the issuer's Registration Statement on Form S-1 estimated to be on or around June 13, 2005.

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.