

RITA MEDICAL SYSTEMS INC
 Form 3
 August 18, 2005

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 * Â DE YOUNG RICHARD (Last) (First) (Middle) 46421 LANDING PARKWAY (Street) FREMONT,Â CAÂ 94538 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/17/2005	3. Issuer Name and Ticker or Trading Symbol RITA MEDICAL SYSTEMS INC [RITA]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Vice President, Finance	5. If Amendment, Date Original Filed(Month/Day/Year)	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)
Common Stock	3,000	D	Â

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	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: RITA MEDICAL SYSTEMS INC - Form 3

				Shares		(I) (Instr. 5)	
Option to purchase, right to buy	03/20/2001 ⁽¹⁾	09/20/2010	Common Stock	22,000	\$ 9.5	D	Â
Option to purchase, right to buy	07/25/2001 ⁽¹⁾	01/25/2011	Common Stock	2,080	\$ 6.5625	D	Â
Option to purchase, right to buy	09/12/2001 ⁽¹⁾	03/12/2011	Common stock	12,000	\$ 3.75	D	Â
Option to purchase, right to buy	08/06/2002 ⁽²⁾	02/06/2012	Common Stock	4,880	\$ 5.41	D	Â
Option to purchase, right to buy	02/01/2003 ⁽²⁾	08/01/2012	Common Stock	7,500	\$ 5.45	D	Â
Option to purchase, right to buy	09/13/2003 ⁽²⁾	03/13/2013	Common Stock	5,000	\$ 4.12	D	Â
Option to purchase, right to buy	04/02/2003 ⁽²⁾	10/02/2013	Common Stock	13,365	\$ 3.03	D	Â
Option to purchase, right to buy	02/19/2005 ⁽²⁾	08/19/2014	Common Stock	37,500	\$ 3.15	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DE YOUNG RICHARD 46421 LANDING PARKWAY FREMONT, CA 94538	Â	Â	Â Vice President, Finance	Â

Signatures

Richard De
Young 08/18/2005

**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 grant is fully vested as of 8/18/2005.

(2) 12.5% of this grant vested on the indicated date. 2.083% vest on each subsequent monthly anniversary of that date.

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.