#### CHAD THERAPEUTICS INC

Form 5 April 19, 2006

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer SANCHEZ OSCAR J Symbol CHAD THERAPEUTICS INC (Check all applicable) [CTU] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner Other (specify \_X\_\_ Officer (give title (Month/Day/Year) below) below) 03/31/2006 VP Business Development 21622 PLUMMER ST (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) CHATSWORTH, CAÂ 91311 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State)	(Zip) Tab	le I - Non-Der	rivative Se	curiti	es Acqu	ired, Disposed	of, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	(D)	Price	4)		
Common Shares	04/30/2005	Â	I5	333	A	\$ 3.8	106,869	I	Retirement Plan
Common Shares	05/31/2005	Â	15	320	A	\$ 4.09	106,869	I	Retirement Plan
Common Shares	06/30/2005	Â	I5	343	A	\$ 3.82	106,869	I	Retirement Plan
Common Shares	07/31/2005	Â	I5	347	A	\$ 3.78	106,869	I	Retirement Plan

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Common Shares	08/31/2005	Â	15	410	A	\$ 3.19	106,869	I	Retirement Plan
Common Shares	09/30/2005	Â	15	342	A	\$ 3.84	106,869	I	Retirement Plan
Common Shares	10/31/2005	Â	15	384	A	\$ 3.41	106,869	I	Retirement Plan
Common Shares	11/30/2005	Â	15	299	A	\$ 4.39	106,869	I	Retirement Plan
Common Shares	12/31/2005	Â	15	385	A	\$ 3.4	106,869	I	Retirement Plan
Common Shares	01/31/2006	Â	15	369	A	\$ 3.75	106,869	I	Retirement Plan
Common Shares	02/28/2006	Â	15	382	A	\$ 3.43	106,869	I	Retirement Plan
Common Shares	03/31/2006	Â	15	458	A	\$ 2.87	106,869	I	Retirement Plan

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

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.

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 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	/. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
					(A) (D)				of		
					(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SANCHEZ OSCAR J 21622 PLUMMER ST CHATSWORTH, CA 91311	Â	Â	VP Business Development	Â				

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### **Signatures**

/s/Oscar Sanchez 04/19/2006

\*\*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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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