RADIOLOGIX INC

Form 4 May 30, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

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(b).

1. Name and Address of Reporting Person * Trinad Capital Master Fund Ltd.

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

RADIOLOGIX INC [RGX]

(First) (Last)

(Middle)

(Zin)

3. Date of Earliest Transaction (Month/Day/Year)

05/25/2006

Director Officer (give title

X__ 10% Owner Other (specify

2121 AVENUE OF THE STARS.

(Street)

(State)

SUITE 1650

(City)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person X_ Form filed by More than One Reporting

below)

LOS ANGELES, CA 90067

(City)	(State)	Tabl	le I - Non-l	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit order Dispose (Instr. 3, 4)	ed of (` ′	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/25/2006		P	16,400	A	ď	1,937,308	D (1)	
Common Stock	05/26/2006		P	1,000	A	\$ 2.155	1,938,308	D (1)	
Common Stock	05/26/2006		P	22,700	A	\$ 2.1275	1,961,008	D (1)	

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

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number.

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.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	 .	or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Keiationsnips				
reporting Owner Name / Namess	Director	10% Owner	Officer	Other	
Trinad Capital Master Fund Ltd. 2121 AVENUE OF THE STARS, SUITE 1650 LOS ANGELES, CA 90067		X			
Trinad Management, LLC 2121 AVENUE OF THE STARS, SUITE 1650 LOS ANGELES, CA 90067		X			
ELLIN ROBERT S 750 LEXINGTON AVE NEW YORK, NY 10022		X			

Signatures

/s/ Jay Wolf, Managing Director of Trinad Management, LLC, the General Partner of Trinad Capital Master Fund Ltd.				
	**Signature of Reporting Person	Date		
/s/ Jay Wolf, Managing Director of Trinad Management, LLC				
	**Signature of Reporting Person	Date		
/s/ Robert Ellin		05/30/2006		
	**Signature of Reporting Person	Date		

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).

Reporting Owners 2

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(1) The shares are held by Trinad Capital Master Fund Ltd. of which Trinad Management, LLC is the investment manager and of which Mr. Ellin is the Managing Member.

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.