

CRYOCOR INC
Form 3
July 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 and Ticker or Trading Symbol	
Â Cooney David J		(Month/Day/Year)	CRYOCOR INC [CRYO]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
9717 PACIFIC HEIGHTS BLVD.			(Check all applicable)	
(Street)			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
SAN DIEGO,Â CAÂ 92121			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			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)

Series C Convertible Preferred Stock	Â (1)	Â (2)	Common Stock	176,118	\$ (3)	I	by Partnership (4)
Series D Redeemable Convertible Preferred Stock	Â (1)	Â (2)	Common Stock	275,992	\$ (5)	I	by Partnership (4)
Warrant	Â (1)	Â (6)	Common Stock	24,386	\$ 8.37	I	by Partnership (4)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Cooney David J 9717 PACIFIC HEIGHTS BLVD. SAN DIEGO, CA 92121	Â X	Â	Â	Â

Signatures

Kathleen K Hannah, Power of Attorney for David J.
Cooney

07/13/2005

__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) Immediate
- (2) Not Applicable.
- (3) Convertible at 0.237759 share of Common for 1 share of Preferred

The Reporting Person is a principal for Beecken Petty O'Keefe & Company, together with its affiliates Healthcare Equity QP Partners, L.P. and HealthCare Equity Partners L.P. The Reporting Person disclaims beneficial ownership of the shares owned by such entities except to the extent of his pecuniary interest in such entities, if any.

- (5) Convertible at 0.036272 share of Common for 1 share of Preferred

(6) 12,193 expire on 2/3/08. 12,193 expire on 3/28/08. All warrants terminate if and to the extent not exercised prior to the completion of an IPO

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.