#### Edgar Filing: THERMAGE INC - Form 3

THERMAGE INC

Form 3

November 09, 2006

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

**OMB APPROVAL** 

**OMB** Number:

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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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

Statement

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

 **ESSEX WOODLANDS** 

(Month/Day/Year)

THERMAGE INC [THRM]

HEALTH VENTURES FUND V

11/09/2006

LP

(Last)

(First) (Middle) 4. Relationship of Reporting Person(s) to Issuer

> Director Officer

5. If Amendment, Date Original

Filed(Month/Day/Year)

21 WATERWAY

**AVENUE, Â SUITE 225** 

(Street)

(Check all applicable)

(give title below) (specify below)

Other

X\_\_10% Owner 6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting

Person

\_X\_ Form filed by More than One

Reporting Person

THE WOODLANDS. TXÂ 77380

(State)

1. Title of Security (Instr. 4)

(City)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

> Beneficially Owned (Instr. 4)

(I)

4. Nature of Indirect Beneficial

Ownership Form:

Ownership (Instr. 5)

Direct (D) or Indirect

(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

(Zip)

owned directly or indirectly.

SEC 1473 (7-02)

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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. 5. Conversion or Exercise

Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

Price of Security:

Derivative

1

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Series C Convertible Preferred Stock	(1)	(2)	Common Stock	1,555,555	\$ (3)	D (4)	Â
Series C Convertible Preferred Stock Warrant (right to buy)	(1)	03/12/2009	Common Stock	88,889	\$ 4.5	D (4)	Â
Series C Convertible Preferred Stock Warrant (right to buy)	(1)	05/29/2009	Common Stock	66,667	\$ 4.5	D (4)	Â

# **Reporting Owners**

Reporting Owner Name / Address		Relationships				
		10% Owner	Officer	Other		
ESSEX WOODLANDS HEALTH VENTURES FUND V LP 21 WATERWAY AVENUE SUITE 225 THE WOODLANDS, TX 77380	Â	ÂX	Â	Â		
ESSEX WOODLANDS HEALTH VENTURES FUND V LLC 21 WATERWAY AVENUE SUITE 225 THE WOODLANDS, TX 77380	Â	ÂX	Â	Â		

# **Signatures**

/s/ Martin P. Sutter, Managing
Director

11/09/2006

\*\*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) Immediately.
- (2) Not applicable.
- (**3**) 1-for-1.

The reported securities are owned directly by Essex Woodlands Health Ventures Fund V, L.P. and indirectly by Essex Woodlands

(4) Health Ventures V, L.P. as general partner of Essex Woodlands Health Ventures Fund V, L.P. Essex Woodlands Health Ventures

(4) Health Ventures V, L.L.C., as general partner of Essex Woodlands Health Ventures Fund V, L.P. Essex Woodlands Health Ventures V, L.L.C. disclaims beneficial ownership of these shares except to the extent of its pecuniary interest therein.

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#### **Remarks:**

The Date of Event is based upon the date of effectiveness of the Issuer's Registration Statement o

Exhibit List

Reporting Owners 2

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### Exhibit 99 - Joint Filer Information

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.