Edgar Filing: THERMAGE INC - Form 4

THERMAG	E INC											
Form 4												
November 14	4, 2006											
FORM	14									PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long							Expires:	January 31,				
subject to		EMENT O	F CHAN			CIAI	L OW	NERSHIP OF	Estimated a	2005 average		
Section 1	6.			SECUR	ITIES				burden hou	•		
Form 4 or Form 5			~ · ·	~ ~ ~ ~ ~ ~	~	-			response	0.5		
obligation	n .c.	•					<u> </u>	e Act of 1934,				
may cont <i>See</i> Instru 1(b).	inue. Section) of the In	•	•	• •		f 1935 or Sectio 40	'n			
(Print or Type F	Responses)											
ESSEX WOODLANDS HEALTH Symbol				r Name and Ticker or Trading /IAGE INC [THRM]				5. Relationship of Reporting Person(s) to Issuer				
					-	T		(Check all applicable)				
				Earliest Tr	ansaction			DirectorX10% Owner				
21 WATER 225	WAY AVEN	UE, SUITE	(Month/D 11/10/20	•				Officer (give below)		er (specify		
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	1g(Check		
				nth/Day/Year	U			Applicable Line)				
THE WOOI	DLANDS, TX	77380						Form filed by C _X_ Form filed by I Person				
(City)	(State)	(Zip)	Tabl	e I - Non-E	erivative S	Securit	ies Acc	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execution any	emed on Date, if /Day/Year)	3. Transacti Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3, 4	sposed	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)			
Common					71,429				- (2)			
Stock	11/10/2006			Р	(<u>1</u>)	А	\$7	71,429	$D(\underline{2})$			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships						
			10% Owner	Officer	Other				
ESSEX WOODLANDS HEALTH VENT 21 WATERWAY AVENUE SUITE 225 THE WOODLANDS, TX 77380	URES FUND V LP		Х						
ESSEX WOODLANDS HEALTH VENT 21 WATERWAY AVENUE SUITE 225 THE WOODLANDS, TX 77380		Х							
Signatures									
/s/ Martin P. Sutter, Managing Director	11/14/2006								

**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).

- (1) These shares were purchased from the underwriters as provided for in the Issuer's prospectus dated November 9, 2006.
- The reported securities are owned directly by Essex Woodlands Health Ventures Fund V, L.P. and indirectly by Essex Woodlands Health
- (2) 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.

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.