Edgar Filing: CARDIOGENESIS CORP /CA - Form 4

| Form 4 | ENESIS CORP /C | A | | | | | | | | | |
|---|---|-----------------|---|--|----------------------------------|-----------------------------|---------------------|--|------------------|--|--|
| April 28, 200 | 06 | | | | | | | | | | |
| FORM | 14 | | an arm | | | | NGE | | - | APPROVAL | |
| | UNITED | STATES | | RITIES A shington, | | | NGE | COMMISSIO | N OMB Number: | | |
| Check th if no long | Ter. | | | | | | Expires: | January 31 2005 | | | |
| subject to Section 1 Form 4 o | F CHAN | GES IN SECUR | | VNERSHIP OF | Estimate burden h response | d average ours per | | | | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17(a | a) of the l | Public U | | ding Cor | npan | y Act o | ge Act of 1934, of 1935 or Secti 940 | | 0.0 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol CARDIOGENESIS CORP /CA | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | [CGCP] | | | | | | | | |
| (Last) (First) (Middle) 26632 TOWNE CENTRE DR., SUITE 320 | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/17/2006 | | | | | _X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| | | | | endment, Da nth/Day/Year | - | 1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| FOOTHILL | RANCH, CA 92 | 610 | | | | | | Form filed by Person | More than One | Reporting | |
| (City) | (State) | (Zip) | Tabl | le I - Non-I | Derivative | Secu | rities Ac | cquired, Disposed | of, or Benefic | ially Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/D | | n Date, if | Transaction(A) or Dia Code (D) (Instr. 8) (Instr. 3, 4 | | spose 4 and (A) or | d of 5) | 5. Amount of Securities6.BeneficiallyForm: DirectOwned(D) orFollowingIndirect (I)Reported(Instr. 4)Transaction(s)(Instr. 3 and 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 04/17/2006 | | | Code V | Amount 4,500 | (D) A | Price \$ 0.47 | | I | Templar Mason Consulting, an S-Corp. owned by Dr. Allen | |
| Common Stock | | | | | | | | 371,750 | D | | |

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

Edgar Filing: CARDIOGENESIS CORP /CA - Form 4

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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transac Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) | s | ate | 7. Titl Amou Under Securi (Instr. | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|-------------------------------------|--|---------------------|--------------------|---|--|---|---|
| | | | Code V | (Instr. 3, 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| I O | Director | 10% Owner | Officer | Other | | | | |
| Allen Gary 26632 TOWNE CENTRE DI SUITE 320 FOOTHILL RANCH, CA 92 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Gary S. Allen, M.D. | 04/28/2006 | | | | | | | |
| **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).

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.