## BONE CARE INTERNATIONAL INC Form SC 13G February 17, 2004

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

SCHEDULE 13G

UNDER THE SECURITIES EXCHANGE ACT OF 1934 (AMENDMENT NO. \_\_\_)

Bone Care International, Inc. (Name of Issuer)

Common Stock (Title of Class of Securities)

098072101 (CUSIP Number)

December 31, 2003 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- [ ] Rule 13d-1(b) [ ] Rule 13d-1(c)
- [X] Rule 13d-1(d)
- (1) The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

13G

CUSIP NO. 098072101

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| 2                   | CHECK THE APP  | ROPRIATE | BOX IF A MEMBER OF A GROUP*             |       | ) [ ]<br>) [X]  |  |
|---------------------|--|----------|---|-------|-----------------|--|
|                     | MARILYN MAZES  | S<br>    |   |       |                 |  |
| 1                   | NAME OF REPORTING PERSONS                                      |          |   |       |                 |  |
| CUSIP NO.           | 098072101  |          |   |       |                 |  |
|                     | *\$]   | EE INSTR | UCTIONS BEFORE FILLING OUT!             |       |                 |  |
|                     | 19.1%  TYPE OF REPORTING PERSON*  IN                           |          |   |       |                 |  |
| 12                  |  |          |   |       |                 |  |
| 11                  | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)              |          |   |       |                 |  |
| 10                  | CHECK BOX IF T   | HE AGGRE | GATE AMOUNT IN ROW (9) EXCLUDES CERTAIN | I SHA | <br>RES*<br>[ ] |  |
|                     | 2,737,374  |          |   |       |                 |  |
| 9                   | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |          |   |       |                 |  |
|                     |  | J        | 1,368,614                               |       |                 |  |
| WITH                |  | <br>8    | 1,368,760                               |       |                 |  |
| REPORTI<br>PERSON   |  | 7        | SOLE DISPOSITIVE POWER                  |       |                 |  |
| OWNED B             |  |          | 1,368,614                               |       |                 |  |
| SHARES<br>BENEFICIA |  | 6        | SHARED VOTING POWER                     |       |                 |  |
| NUMBER              | OF   |          | 1,368,760                               |       |                 |  |
|                     |  | 5        | SOLE VOTING POWER                       |       |                 |  |
|                     | UNITED STATES  |          |   |       |                 |  |
| 4                   | CITIZENSHIP OR PLACE OF ORGANIZATION                           |          |   |       |                 |  |
| 3                   | SEC USE ONLY   |          |   |       |                 |  |
| 2                   | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) [ (b) [X |          |   |       |                 |  |
|                     | RICHARD B. MAZESS, Ph.D.                                       |          |   |       |                 |  |
| 1                   | NAME OF REPORTING PERSONS                                      |          |   |       |                 |  |
|                     |  |          |   |       |                 |  |

| 3                                  | SEC USE ONLY  |  |  |  |  |  |  |
|------------------------------------|---|--|--|--|--|--|--|
| 4                                  | CITIZENSHIP OR PLACE OF ORGANIZATION  UNITED STATES   |  |  |  |  |  |  |
|                                    |   |  |  |  |  |  |  |
|                                    | S<br>ALLY<br>BY   | <br>5  | SOLE VOTING POWER  |  |  |  |  |
|                                    |   |  | 0  |  |  |  |  |
| NUMBER O<br>SHARES                 |   | 6  | SHARED VOTING POWER  |  |  |  |  |
| BENEFICIAL<br>OWNED BY             |   |  | 1,368,614  |  |  |  |  |
| EACH<br>REPORTIN                   |   | <br>7  | SOLE DISPOSITIVE POWER   |  |  |  |  |
| PERSON<br>WITH                     |   |  | 0  |  |  |  |  |
|                                    |   | 8  | SHARED DISPOSITIVE POWER   |  |  |  |  |
|                                    |   |  | 1,368,614  |  |  |  |  |
| <br>9                              | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  |  |  |  |  |  |  |
|                                    | 1,368,614   |  |  |  |  |  |  |
|                                    |   |  |  |  |  |  |  |
|                                    | ·   |  |  |  |  |  |  |
| <br>10                             | CHECK BOX IF THE  |  | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*   |  |  |  |  |
| 10                                 | CHECK BOX IF THE  | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*   |  |  |  |  |
| 10                                 | CHECK BOX IF THE  | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*   |  |  |  |  |
| 10<br>1                            | CHECK BOX IF THE  | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*   |  |  |  |  |
| 10                                 | CHECK BOX IF THE X PERCENT OF CLASS   | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  |  |  |  |  |
| 10<br>11<br>11                     | CHECK BOX IF THE X PERCENT OF CLASS 9.6%  | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  |  |  |  |  |
| 10<br>11<br>11                     | CHECK BOX IF THE X PERCENT OF CLASS 9.6% TYPE OF REPORTING  | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  |  |  |  |  |
| 10<br>11<br>11                     | CHECK BOX IF THE X PERCENT OF CLASS 9.6% TYPE OF REPORTING  | AGGREG   | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  |  |  |  |  |
| 10<br><br>11<br><br>12             | CHECK BOX IF THE X PERCENT OF CLASS 9.6% TYPE OF REPORTING  | AGGREG REPRES G PERSO  | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  |  |  |  |  |
| 10<br><br>11<br><br>12             | CHECK BOX IF THE  X  PERCENT OF CLASS  9.6%  TYPE OF REPORTING  IN  | AGGREG  REPRES  G PERSO  | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  |  |  |  |  |
| 10<br>11<br>11<br>12<br>ITEM 1(a). | CHECK BOX IF THE  X  PERCENT OF CLASS  9.6%  TYPE OF REPORTING  IN  NAME OF ISSUER  BONE CARE INTER   | AGGREG  REPRES  G PERSO  : RNATION                                     | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  |  |  |  |  |
| 10<br>11<br>12<br>ITEM 1(a).       | CHECK BOX IF THE  X  PERCENT OF CLASS  9.6%  TYPE OF REPORTING  IN  NAME OF ISSUER  BONE CARE INTER  ADDRESS OF ISSUE                                 | AGGREG  REPRES  G PERSO  :  RNATION  UER'S P                           | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  |  |  |  |  |
| 10 11 12 ITEM 1(a).                | CHECK BOX IF THE  X  PERCENT OF CLASS  9.6%  TYPE OF REPORTING  IN  NAME OF ISSUER  BONE CARE INTER  ADDRESS OF ISSUE                                 | AGGREG  REPRES  G PERSO  RNATION  UER'S P  MONS; M                     | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  N*  AL  RINCIPAL EXECUTIVE OFFICES:  IDDLETON, WI 53562                   |  |  |  |  |
| 11<br>11<br>12<br>ITEM 1(a).       | CHECK BOX IF THE  X  PERCENT OF CLASS  9.6%  TYPE OF REPORTING  IN  NAME OF ISSUER  BONE CARE INTER  ADDRESS OF ISSU  1600 ASPEN COMMINAME OF PERSONS | AGGREG  REPRES  G PERSO  RNATION  UER'S P  MONS; M  S FILIN            | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  N*  AL  RINCIPAL EXECUTIVE OFFICES:  IDDLETON, WI 53562                   |  |  |  |  |
| 11<br>11<br>12<br>ITEM 1(a).       | CHECK BOX IF THE  X  PERCENT OF CLASS  9.6%  TYPE OF REPORTING  IN  NAME OF ISSUER  BONE CARE INTER  ADDRESS OF ISSU  1600 ASPEN COMMINAME OF PERSONS | AGGREG  REPRES  G PERSO  : RNATION  UER'S P  MONS; M  S FILIN  RD B. M | ATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  [ ]  ENTED BY AMOUNT IN ROW (9)  N*  AL  RINCIPAL EXECUTIVE OFFICES:  IDDLETON, WI 53562  G:  AZESS, Ph.D. |  |  |  |  |

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(a)-(b) 3534 BLACKHAWK DRIVE; MADISON, WI 53705
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- ITEM 2(c). CITIZENSHIP:
  - (a) (b) UNITED STATES
- ITEM 2(d). TITLE OF CLASS OF SECURITIES:

COMMON STOCK, NO PAR VALUE

ITEM 2(e). CUSIP NUMBER:

098072101

- ITEM 3. IF THIS STATEMENT IS FILED PURSUANT TO RULES 13d-1(b), OR 13d-2(b) OR (c), CHECK WHETHER THE PERSONS FILING ARE:
  - (a) [ ] Broker or dealer registered under Section 15 of the Exchange Act;
  - (b) [] Bank as defined in Section 3 (a) (6) of the Exchange Act;

  - (e) [ ] An investment advisor in accordance with Rule 13d-1 (b) (1) (ii) (E);
  - (f) [ ] An employee benefit plan or endowment fund in accordance with Rule 13d-1 (b) (1) (ii) (F);
  - (g) [ ] A parent holding company or control person in accordance with Rule 13d-1 (b) (1) (ii) (G);
  - (h) [ ] A savings association as defined in Section 3 (b) of the Federal Deposit Insurance Act;
  - (i) [ ] A church plan that is excluded from the definition of an investment company under Section (c) (14) of the Investment Company Act;
  - (j) [ ] Group, in accordance with Rule 13d-1 (b) (1) (ii) (J);

If this statement is filed pursuant to Rule 13d-1(c), check this box. [ ]

#### ITEM 4. OWNERSHIP:

- (a) RICHARD B. MAZESS, Ph.D.
- (a) Amount Beneficially owned: 2,737,374
- (b) Percent of Class: 19.1%
- (c) Number of shares as to which the person has:
  - (i) Sole power to vote or to direct the vote: 1,368,760
  - (ii) Shared power to vote or to direct the vote: 1,368,614
  - (iii) Sole power to dispose or to direct the disposition of: 1,368,760

- (iv) Shared power to dispose or direct the disposition of: 1,368,614
- (a) MARILYN MAZESS
- (a) Amount Beneficially owned: 1,368,614
- (b) Percent of Class: 9.6%
- (c) Number of shares as to which the person has:
  - (i) Sole power to vote or to direct the vote: 0
  - (ii) Shared power to vote or to direct the vote: 1,368,614
  - (iii) Sole power to dispose or to direct the disposition of: 0
  - (iv) Shared power to dispose or direct the disposition of: 1,368,614
- ITEM 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following [\_].

ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:

Not Applicable.

ITEM 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON:

Not Applicable.

ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not Applicable.

ITEM 9. NOTICE OF DISSOLUTION OF GROUP:

Not Applicable.

#### ITEM 10. CERTIFICATION:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

#### SIGNATURE

After reasonable inquiry and to the best of my knowledge and

belief, I certify that the information set forth in this statement is true, complete and correct.

| February 13, 2004            |
|------------------------------|
| (Date)                       |
| /s/ Richard B. Mazess, Ph.D. |
| (Signature)                  |
|                              |
| Richard B. Mazess, Ph.D.     |
| (Name)                       |
|                              |
| February 13, 2004            |
| (Date)                       |
|                              |
| /s/ Marilyn Mazess           |
| (Signature)                  |
|                              |
| Marilyn Mazess               |
| (Name)                       |