DANCE STEPHEN G Form 5/A April 02, 2003

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

[] Check this box if no longer subject to Section 16. Form 4 or Form 5

[X] obligations may continue.

See
Instruction 1(b).

[X] Form 3 Holdings Reported

Form 4 Transactions Reported

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(b) of the Investment Company Act of

Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL
OMB Number: 3235-0362
Expires: January 31, 2005
Estimated average burden

hours per response......0.5

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol					6. Rel	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
									Director Officer (give	10% Owner Other (specify below)			
Dance Stephen G.			SangStat Medical Corporation (SANG)						title below)				
								Chief Financial Officer					
(Last) (First) (Middle) c/o SangStat Medical Corporation 6300 Dumbarton Circle (Street)			Number of Reporting Person, if an entity (Voluntary)			4. Statement for Month/Year 2002			7. Individual or Joint/Group Reporting (check applicable line)				
						5. If Amendment, Date of Original (Month/Year)		X	Form Filed by One Reporting Person				
									Form Filed by More than One Reporting Person				
Fren	nont, CA	94555	February 6, 2003				6, 2003						
(City)	(State)	(Zip)	T	able I — Noi	n-Deriva	ative Securiti	ies Acqui	red, D	isposed of, or l	Beneficially O	wned		
1. Title of Secu (Instr. 3)	rity		2. Transaction Date (Month/Day/Year)	2A. Deemed Execu- tion Date, if any (Month/ Day/ Year)	3. Trans action Code (Instr	(A) or Dispo	esed of (D) (A) or (D))	5. Amount of Securities Ben- eficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	ship Form: Di- rect (D) or Indi- rect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										1			

^{*} If the form is filed by more than one reporting person, see instruction 4(b)(v).

Persons who respond to the collection of information contained in this form are not required to respond unless the

Edgar Filing: DANCE STEPHEN G - Form 5/A

form displays a currently valid OMB control number.

FORM 5 (continued)	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. Trans -action Date (Month/ Day/ Year)	3A. Deem -ed Ex- ecution Date, if any (Month/ Day/ Year)	action Code	5. Num of Deri tive Securiti Ac- quire (A) or I posed (D) (Instr	va- ies ed Dis- d of r. 3,	6. Date E able ar ration (Montl Year)	nd Expi- Date	7. Title and Amount of Underly- ing Securities		8. Price of De- riva- tive Secu- rity (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Year (Instr. 4)	ship of Deriva- tive Se- curity: Direct (D) or Indirect	11. Nature of Indirect Benefi- cial Owner- ship (Instr.
Option to					(A)	(D)	Date Exer- cisable	Expiration Date	Title	Amount or Number of Shares				
purchase Common Stock	\$19.38	2/20/02		A	30,000		(1)	2/20/12	Common Stock	30,000		30,000	D	
Option to purchase Common Stock	\$15.00	12/4/02		A	10,000		(1)	12/4/12	Common Stock	10,000		10,000	D	

Explanation of Responses:

(1) Twenty-five percent (25%) shall vest after one year. The remaining options shall vest in equal monthly installments over 36 months, contingent upon continuous

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See18 U.S.C. 1001 and 15 U.S.C.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

78ff(a).

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.