Edgar Filing: Huber Joe - Form 4

Huber Joe											
Form 4											
March 19, 20)09										
FORM	1 4								OMB AF	PROVAL	
	UNITE	D STATES		ATTIES A			IGE C	COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no long subject to	STATE	EMENT O	F CHAN	GES IN I	GES IN BENEFICIAL OWNE				•	2005	
Section 1				SECUR	ITIES				Estimated average burden hours per		
Form 4 o	4 or								response 0.5		
Form 5 obligation	•						•	e Act of 1934,			
may cont	Section 1			•	U	1 v		1935 or Section	n		
See Instru		30(h)	of the In	vestment	Company	y Act	of 194	-0			
1(b).											
(Print or Type F	Responses)										
1. Name and A	ddress of Reportin	ng Person [*] _	2 Issuer	Name and	Ticker or 1	Fradin	7	5. Relationship of	Reporting Pers	son(s) to	
Huber Joe Sy							>	Issuer			
(Last) (First) (Middle)			•	EAL INC	[LIVE]						
			3. Date of Earliest Transaction					(Check all applicable)			
(Last)	(1131)	(winduic)	(Month/D		ansaction			Director	_X_ 10%	Owner	
10940 WIL	SHIRE BLVD.	SUITE	03/13/2	•				Officer (give		er (specify	
925		,	03/13/2	007				below)	below)		
	(Street)		4 If Ame	ndmant Da	te Original			6 Individual or Io	int/Group Filir	or (Chaok	
				I. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 nea(mor	itil/Day/Tear)	/			_X_Form filed by C	One Reporting Pe	rson	
LOS ANGE	LES, CA 9002	24						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	· ·	on Date, if		on(A) or Dis	•		Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)				Beneficially (D) or Owned Indirect (Beneficial Ownership		
		(WORTH)	Day/Ical)	(Insu. 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported	· /		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/13/2009			Р	20,000	А	\$ 1.75	1,701,437	D (1)		

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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Huber Joe 10940 WILSHIRE BLVD., LOS ANGELES, CA 9002		Х						
Signatures								
Joseph R. Huber	03/17/2009							
**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).

The Reporting Person also indirectly owns 35,774 shares, of which 4,700 shares are beneficially owned by the Reporting Person as the custodian of a custodial account for the benefit of his child; 5,561 shares are owned by the Reporting Person's spouse; and 25,513 shares

(1) Customar of a customar account for the benefit of his clinic, 5,501 shares are owned by the Reporting Person's spouse, and 25,515 shares are beneficially owned by the Reporting Person as the portfolio manager of an investment company for which the Reporting Person's employer serves as the investment adviser.

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.