

EMAGEON INC

Form 3

November 26, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting
Person *

ACCIPITER CAPITAL
MANAGEMENT, LLC

(Last) (First) (Middle)

399 PARK AVENUE, 38TH
FLOOR,

(Street)

NEW YORK, NY 10022

(City) (State) (Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)
11/21/2007

3. Issuer Name **and** Ticker or Trading Symbol
EMAGEON INC [EMAG]4. Relationship of Reporting
Person(s) to Issuer

(Check all applicable)

____ Director ____X____ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

5. If Amendment, Date Original
Filed(Month/Day/Year)

6. Individual or Joint/Group
Filing(Check Applicable Line)
____ Form filed by One Reporting
Person
X Form filed by More than One
Reporting Person

Table I - Non-Derivative Securities Beneficially Owned1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

Common Stock, \$0.001 Par Value

738,422

I

By ALSF (Offshore), Ltd. ⁽¹⁾

Common Stock, \$0.001 Par Value

512,161

I

By ALSF II (Offshore), Ltd. ⁽²⁾

Common Stock, \$0.001 Par Value

295,533

I

By ALSF II (QP), LP ⁽³⁾

Common Stock, \$0.001 Par Value

258,374

I

By ALSF II, LP ⁽⁴⁾

Common Stock, \$0.001 Par Value

736,270

I

By ALSF, LP ⁽⁵⁾

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

SEC 1473 (7-02)

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information contained in this form are not
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ACCIPITER CAPITAL MANAGEMENT, LLC 399 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10022	Â	Â X	Â	Â
ACCIPITER LIFE SCIENCES FUND II L P 399 PARK AVE 37TH FL NEW YORK, NY 10022	Â	Â X	Â	Â
Accipiter Life Sciences Fund II Offshore Ltd 399 PARK AVE 38TH FLOOR NEW YORK, NY 10022	Â	Â X	Â	Â
ACCIPITER LIFE SCIENCES FUND II QP L P 399 PARK AVE 37TH FL NEW YORK, NY 10022	Â	Â X	Â	Â
ACCIPITER LIFE SCIENCES FUND LP Â	Â	Â X	Â	Â
ACCIPITER LIFE SCIENCES FUND OFFSHORE LTD Â	Â	Â X	Â	Â
Candens Capital LLC C/O ACCIPITER CAPITAL MANAGEMENT, LLC 399 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10022	Â	Â X	Â	Â
HOFFMAN GABE C/O ACCIPITER CAPITAL MANAGEMENT, LLC 399 PARK AVENUE, 37TH FLOOR NEW YORK, NY 10022	Â	Â X	Â	Â

Signatures

By: Accipiter Capital Management, LLC; By: /s/ Gabe Hoffman, Managing Member 11/26/2007

__Signature of Reporting Person

Date

By: Candens Capital, LLC, its General Partner; By: s/ Gabe Hoffman, Managing Member 11/26/2007

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<u>Signature of Reporting Person</u>	Date
By: Accipiter Capital Management, LLC, its Investment Manager; By: /s/ Gabe Hoffman, Managing Member	11/26/2007
<u>Signature of Reporting Person</u>	Date
By: Candens Capital, LLC, its General Partner; By: s/ Gabe Hoffman, Managing Member	11/26/2007
<u>Signature of Reporting Person</u>	Date
By: Candens Capital, LLC, its General Partner; By: s/ Gabe Hoffman, Managing Member	11/26/2007
<u>Signature of Reporting Person</u>	Date
By: Accipiter Capital Management, LLC, its Investment Manager; By: /s/ Gabe Hoffman, Managing Member	11/26/2007
<u>Signature of Reporting Person</u>	Date
/s/ Candens Capital LLC,	11/26/2007
<u>Signature of Reporting Person</u>	Date
/s/ Hoffman, Gabe	11/26/2007
<u>Signature of Reporting Person</u>	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
 - Held by Accipiter Life Sciences Fund (Offshore), Ltd. Accipiter Capital Management, LLC, the investment manager of Accipiter Life Sciences Fund (Offshore), Ltd. and Gabe Hoffman, the managing member of Accipiter Capital Management, LLC, disclaim beneficial ownership of these securities except to the extent of their pecuniary interest therein.
 - (2) Held by Accipiter Life Sciences Fund II (Offshore), Ltd. Accipiter Capital Management, LLC, the investment manager of Accipiter Life Sciences Fund II (Offshore), Ltd. and Gabe Hoffman, the managing member of Accipiter Capital Management, LLC, disclaim beneficial ownership of these securities except to the extent of their pecuniary interest therein.
 - (3) Held by Accipiter Life Sciences Fund II (QP), LP. Candens Capital, LLC, the general partner of Accipiter Life Sciences Fund II (QP), LP, and Gabe Hoffman, the managing member of Candens Capital, LLC, disclaim beneficial ownership of these securities except to the extent of their pecuniary interest therein.
 - (4) Held by Accipiter Life Sciences Fund II, LP. Candens Capital, LLC, the general partner of Accipiter Life Sciences Fund II, LP and Gabe Hoffman, the managing member of Candens Capital, LLC, disclaim beneficial ownership of these securities except to the extent of their pecuniary interest therein.
 - (5) Held by Accipiter Life Sciences Fund, LP. Candens Capital, LLC, the general partner of Accipiter Life Sciences Fund, LP and Gabe Hoffman, the managing member of Candens Capital, LLC, disclaim beneficial ownership of these securities except to the extent of their 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.