

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person MAFFEI GREGORY B	2. Issuer Name and Trading Symbol Liberty Medical [MA]	5. Relationship of Reporting Person to Issuer (Check one) <input type="checkbox"/> Director <input checked="" type="checkbox"/> Officer (give title below) President
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4. Title of Issuer (Print or Type)		
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