SEC For	rm 4																	
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STAT		AT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							ΗP	Estim	OMB Number: 3 Estimated average burden hours per response:		3235-0287 n 0.5		
1. Name and Address of Reporting Person* Aholt Robert Joseph JR								ker or Trading Symbol DICAL INC/DE [PHSM]				ck all applicat Director Officer (g	ole)	X 10% C ve title Other		Dwner (specify		
(Last) (First) (Middle) C/O PHASE III MEDICAL, INC. 330 SOUTH SERVICE ROAD, SUITE 120					3. Date of Earliest Transaction (Month/Day/Year) 07/20/2005							below)	ief Oper	rating	below) Officer			
(Street) MELVILLE NY			11747		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person Form filed by More than One Reporting Person				n		
(City)	(5	State)	(Zip)	Deriva	tive S	ecuritie	<u>ς</u> Δι	ouired D	isnosed	of or Be	aneficially	Owned						
1. Title of Security (Instr. 3)			2. Trans Date (Month/		tion	2A. Deemed Execution Date if any (Month/Day/Yea		a. 4. Securitie Transaction Disposed C Code (Instr.		urities Acqui	ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		of y lowing	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V	Amou	nt (A) (D)	or Price	Transaction (Instr. 3 and						
			Table II - D (e					uired, Dis s, options				wned						
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/Yea	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Securitie	nd Amount of s Underlying e Security nd 4)	lying Derivative		per of ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Stock option (right to	\$0.06	07/20/2005		A		1,500,000		(1)	07/20/201	5 Common Stock	1,500,000	\$0	1,500,0	1,500,000 ⁽²⁾ D				

Explanation of Responses:

buy)

1. 1,000,000 of the options vest immediately upon the date of grant and the remainder of the options shall vest in two equal annual installments beginning one year from the date of grant.

2. If the filing person pays the exercise price with shares of common stock, the plan committee appointed by the Board of Directors may, in its discretion, grant the filing person an option with a reload feature. A reload stock option, which will be granted at the same time that payment is received on the option exercise, will grant the filing person the option to purchase (i) the number of shares of common stock equal to the sum of the number of shares on exercise), or (ii) in the case of non-qualified stock option, the number of shares of common stock used to satisfy any tax withholding requirement related to the exercise of such option. The term of a reload option will be equal to the remaining term of the option which gave rise to the reload option.

<u>/s/ Catherine Vaczy, Esq.</u> ,
Attorney-In-Fact

** Signature of Reporting Person

07/20/2005

Date

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

* 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).

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

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 Number.