

Bacerra Lisa Beth
Form 3
August 13, 2010

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated 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 *

Â Bacerra Lisa Beth

(Last) (First) (Middle)

C/O HEMACARE CORPORATION,Â 15350
SHERMAN WAY, SUITE 350

(Street)

VAN NUYS,Â CAÂ 91406

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

08/11/2010

3. Issuer Name **and** Ticker or Trading Symbol
HEMACARE CORP /CA/ [HEMA]

4. Relationship of Reporting Person(s) to Issuer

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

(Check all applicable)

___ Director ___ 10% Owner
X Officer ___ Other
(give title below) (specify below)
CFO and Corp. Secretary

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

Table I - Non-Derivative Securities Beneficially Owned

1. 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)

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

SEC 1473 (7-02)

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 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)

Date Exercisable Expiration Date

3. Title and Amount of Securities Underlying Derivative Security
(Instr. 4)

Title Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership
(Instr. 5)

Edgar Filing: Bacerra Lisa Beth - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	08/08/2017	Common Stock	10,000	\$ 1.95	D	Â
Stock Option (Right to Buy)	Â (2)	03/19/2018	Common Stock	5,000	\$ 0.26	D	Â
Stock Option (Right to Buy)	Â (3)	07/31/2019	Common Stock	10,000	\$ 0.45	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bacerra Lisa Beth C/O HEMACARE CORPORATION 15350 SHERMAN WAY, SUITE 350 VAN NUYS, CA 91406	Â	Â	Â CFO and Corp. Secretary	Â

Signatures

Lisa Beth
Bacerra 08/13/2010

__Signature of Date
Reporting Person

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).
- (1) 20% vest annually starting August 8, 2008.
- (2) 20% vest annually starting March 19, 2009.
- (3) 20% vest annually starting July 31, 2010.

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.