Edgar Filing: Healthsport, Inc. - Form 4

Healthsport,	Inc.										
Form 4											
December 21	1, 2007										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									APPROVAL		
	UNITEDSI		RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check the								Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHA				ANGES IN BENEFICIAL OW				2005 d average		
Section 1		SECURITIES						burden hours per			
Form 4 o Form 5								response	0.5		
obligation	-	ant to Section 1				-					
may cont			•	•	- ·		f 1935 or Sectio	n			
See Instru	uction	30(h) of the In	ivestment	Compan	y Act	t of 194	40				
1(b).											
(Print or Type I	Responses)										
× • • • •											
1. Name and Address of Reporting Person <u></u> 2. Issuer Name and Ticker or Trading 5.						5. Relationship of	Reporting Per	son(s) to			
Kelly Danie	Symbol					Issuer					
		Healths	Healthsport, Inc. [HSPO.OB]				(Check all applicable)				
(Last)	(First) (Mid	ldle) 3. Date o	- f Earliest Tr	ansaction			(Cnec	ck all applicable	e)		
· · ·		Month/Day/Year)				X_ Director 10% Owner					
C/O HEALTHSPORT, INC., 7633 E 12/20/2007 -						X Officer (give		er (specify			
63RD PLACE #220							below)	below) President			
	(Street)	4 If Am	andment Da	te Original			6 Individual or Id	oint/Group Filip	ng(Check		
		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
Thea(MonumDay/Tear)					_X_ Form filed by One Reporting Person						
TULSA, OK 74133Form filed by M Person						Nore than One Re	eporting				
(C :t)	(Stata) (73										
(City)	(State) (Zi	(p) Tab	le I - Non-D	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date		3.				5. Amount of	6. Ownership			
Security	(Month/Day/Year)								Indirect Beneficial		
(Instr. 3)	any (Month/Day/Year)	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned		Ownership			
		(· · · ·) · · · ·)	((- /	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
C			Code V	Amount	(D)	Price					
Common	12/20/2007		Р	400	А	\$	122,900	D			
Stock						0.69					

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	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
Kelly Daniel John C/O HEALTHSPORT, INC 7633 E 63RD PLACE #220 TULSA, OK 74133	· X		President					
Signatures								
/s/ Daniel J. Kelly	12/21/2007							
<u>**Signature of</u> 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).

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.