FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average bur	den				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

obligati	ons may contii ion 1(b).			File							ties Exchanç mpany Act o		of 1934	1		hours	per res	sponse:	0.5
	d Address of	Reporting Person*			2. Is	ssuer l	Name a	ınd Tick	ker or Tra	ading	. ,				Relationshi leck all app Direc	-	ng Pers	. ,	
(Last) 4401 EA	(Fi	, ,	Middle)			ate of 13/20		st Trans	action (N	Month	/Day/Year)				Offic belo	er (give title w)		Other below)	(specify
(Street) SAN DIE			92121 (Zip)		4. If	Amer	ndment	, Date c	of Origina	al File	d (Month/Da	ay/Year)		Line	e) Forn	or Joint/Grou n filed by On n filed by Mo son	e Repo	orting Pers	on
		Tabl	le I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or E	Bene	ficial	ly Own	ed			
1. Title of S	Security (Ins	tr. 3)		2. Transa Date (Month/Da		Ex) if a	. Deeme ecution iny onth/Da	Date,	3. Transa Code (8)		4. Securitie Disposed (5) Secur Benef Owne	icially d Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or P	Price		action(s) 3 and 4)			(Instr. 4)
Common	Stock			11/13/	2008				P		66,000	A	1 4	\$0.495	56 6,0	627,993		I ⁽¹⁾	By LP ⁽¹⁾
Common	Stock			11/13/	2008				P		775,032	2 A	1	\$0.48	3 7,4	403,025		I ⁽¹⁾	By LP ⁽¹⁾
Common	Stock														2	86,950		I ⁽²⁾	As Trustee ⁽²⁾
Common	Stock															12,950		D ⁽³⁾	
		Та									osed of,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities ired r osed)	6. Date I Expirati (Month/I	on Da		7. Title Amou Securi Under Deriva Securi and 4)	nt of ties ying tive ty (Insi	tr. 3	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ O Fe Di (I)	O. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of Share						
	d Address of KEVIN (Reporting Person*																	

1. Name and Addres		n^					
(Last)	(First)	(Middle)					
4401 EASTGAT	E MALL						
(Street)			_				
SAN DIEGO	CA	92121					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* TANG CAPITAL MANAGEMENT LLC							
(Last) (First) (Middle) 4401 EASTGATE MALL							
(Street)							
SAN DIEGO	CA	92121					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* TANG CAPITAL PARTNERS LP							

(Last) 4401 EASTGAT	(First) E MALL	(Middle)	
(Street) SAN DIEGO	CA	92121	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. The securities are held by Tang Capital Partners, LP. Kevin C. Tang is the sole manager of Tang Capital Management, LLC, which is the general partner of Tang Capital Partners, LP. Mr. Tang disclaims beneficial ownership of the securities except to the extent of his pecuniary interest therein.
- 2. The securities are held by Kevin C. Tang as custodian for his minor children, as Trustee of the Tang Family Trust, and as Trustee of the Tang Advisors, LLC Profit Sharing Plan.
- 3. The securities are held by Kevin C. Tang's IRA.

Remarks:

/s/ Kevin C. Tang 11/17/2008
/s/ Kevin C. Tang, Managing Member
/s/ Kevin C. Tang, as Managing S/ Kevin C. Tang, as Managing Member of Tang Capital Management, LLC, General Partner

** Signature of Reporting Person

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.