Edgar Filing: ALTIGEN COMMUNICATIONS INC - Form 5/A

ALTIGEN COMMUNICATIONS INC Form 5/A December 15, 2008

ecember 15	, 2008											
FORM	5									PROVA	L	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB Number:	3235-	0362		
Check this no longer s		Washington, D.C. 20549							Expires:	Januar	y 31, 2005	
to Section 1 Form 4 or I 5 obligation may contin See Instruc	Form ANN ns ue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response		
1(b).	Filed purs ^{ldings} Section 17(a	a) of the P	ublic Ut		g Compa	any A	ct of 1		n			
. Name and Ad Wanger Eric	ddress of Reporting I		2. Issuer Name and Ticker or Trading Symbol ALTIGEN COMMUNICATIONS INC [ATGN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	(First) (Middle) 3. Statement for Issuer's Fiscal Year End (Month/Day/Year) 12/31/2007				ar End	_	X_ DirectorX_ 10% Owner Officer (give title below) Other (specify below)				
401 N. MICI 1301	HIGAN AVE.,Â											
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6	6. Individual or Joint/Group Reporting (check applicable line)				
			12/12/20	108				(chec				
CHICAGO, À	IL 60611						_	X_ Form Filed by Form Filed by M Person	One Reporting Pe More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-Deri	vative Sec	curitie	s Acqui	red, Disposed of	, or Beneficial	ly Owned	1	
.Title of Gecurity Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)		ispose	d of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		al 1ip	
Common Stock	09/04/2007	Â		P4	3,539	А	\$ 1.58	935,207	I <u>(1)</u>	See no	te 1	

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

(

Persons who respond to the collection of informationSEC 2270contained in this form are not required to respond unless(9-02)the form displays a currently valid OMB control number.(9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: ALTIGEN COMMUNICATIONS INC - Form 5/A

Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
		10% Owner	Officer	Other				
Wanger Eric 401 N. MICHIGAN AVE. SUITE 1301 CHICAGO, IL 60611	X	X	Â	Â				
Signatures								
/s/ Eric D. Wanger	12/15/2008							

**Signature of

Date

Reporting Person

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).

Shares held by Wanger Long Term Opportunity Fund II, LP ("WLTOF"). The Reporting Person controls WLTOF through (a) its general partner, WLTOF GP LLC, in which the Reporting Person has an interest, and (b) Wanger Investment Management, Inc., in

(1) general particle, where the Reporting Person has an interest, and (b) wanger investment Management, inc., in which the Reporting Person has an interest and which provides investment management services to WLTOF. The Reporting Person disclaims beneficial ownership of such shares except to the extent of his beneficial interest in WLTOF.

Â

Remarks:

On December 12, 2008, the Reporting Person filed a Form 5 reporting his benefical ownership ofÂ

No new transactions or holdings are being reported in this Form 5 amendment. Â The single transa

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.