

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2005-05-02** | Period of Report: **2005-04-21**  
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### ISSUER

#### **SPO Medical Inc**

CIK: **716778** | IRS No.: **251411971** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
SIC: **6770** Blank checks

Mailing Address  
55 ACCESS RD  
WARWICK RI 02886

Business Address  
476 MAIN ST STE 3-DFL  
WAKEFIELD RI 02879  
4017899995

### REPORTING OWNER

#### **Dorfman Pauline**

CIK: **1325478**  
Type: **3** | Act: **34** | File No.: **000-11772** | Film No.: **05792622**

Mailing Address  
183 REINER ROAD  
TORONTO A6 M3H 2L8

Business Address  
416 520 6875

# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

OMB Number: 3235-0104  
 Expires: 02/28/2011  
 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

1. Name and Address of Reporting Person <u>Dorfman Pauline</u> (Last) (First) (Middle) C/O SPO MEDICAL INC., 21860 BURBANK BLVD, NORTH BUILDING, SUITE 380 (Street) WOODLAND HILLS, CA 91367 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/21/2005	3. Issuer Name and Ticker or Trading Symbol <u>SPO Medical Inc [UNDG.PK]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> 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)
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**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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Option to Purchase Stock	(1)	04/28/2011	Common Stock	50,000	\$0.055	D

#### Explanation of Responses:

- One half of the option vests on the date of grant and the remainder vests on the first anniversary of the date of grant.

#### Signatures

/s/ Pauline Dorfman

\*\* Signature of Reporting Person

05/02/2005

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.**