

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2005-05-02** | Period of Report: **2005-04-21**
SEC Accession No. **0001144204-05-013725**

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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

Braun Sidney

CIK: **1295545**
Type: **3** | Act: **34** | File No.: **000-11772** | Film No.: **05792635**

Mailing Address
SUITE 404, 6711
MISSISSAUGA ROAD
MISSISSAUGA A6 L5N 2W3

Business Address
416-8920799

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 Braun Sidney (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 SPO Medical Inc [UNDG.PK]	
		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/ Sidney Braun

** 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.