

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2005-05-02** | Period of Report: **2005-04-22**  
SEC Accession No. **0001050502-05-000266**

([HTML Version](#) on [secdatabase.com](#))

### ISSUER

#### **LIFELINE THERAPEUTICS, INC.**

CIK: **849146** | IRS No.: **841097796** | State of Incorporation: **CO** | Fiscal Year End: **0630**  
SIC: **6770** Blank checks

Mailing Address  
*6400 SOUTH FIDDLER'S  
GREEN CIRCLE  
SUITE 1750  
ENGLEWOOD CO 80111*

Business Address  
*6400 SOUTH FIDDLER'S  
GREEN CIRCLE  
SUITE 1750  
ENGLEWOOD CO 80111  
720-488-1711*

### REPORTING OWNER

#### **Krejci James**

CIK: **1325414**  
Type: **3** | Act: **34** | File No.: **000-30489** | Film No.: **05789545**

Mailing Address  
*1133 RACE STREET, 16N  
DENVER CO 80206*

Business Address  
*303-377-9774*

**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>Krejci James</u> (Last) (First) (Middle) <u>1133 RACE STREET, 16N</u> (Street) <u>DENVER, CO 80206</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>04/22/2005</u>	3. Issuer Name and Ticker or Trading Symbol <u>LIFELINE THERAPEUTICS, INC. [LFLT]</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)
---------------------------------	---	--	---

**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	Title	Amount or Number of Shares			

**Signatures**

/s/ James J. Krejci  
 \*\* 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.**