## Edgar Filing: NIERENBERG DAVID - Form 4

NIERENBEI	RG DAVID										
Form 4											
November 17	7, 2004										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								ONID	3235-0287		
Check thi	is box		washington	, D.C. 20:	549			Number:	January 31,		
if no long		IENT OF CH	IANGES IN	BENEFI	CIA		NERSHIP OF	Expires:	2005		
subject to Section 1	)			RITIES	CIA			Estimated average			
Form 4 or			Sheer	SECONTIES					burden hours per response 0.5		
Form 5	Filed pur	suant to Secti	on 16(a) of tl	ne Securiti	ies Ez	cchang	e Act of 1934,	10000100	0.0		
obligation	<sup>18</sup> Section $17($					-	f 1935 or Section	n			
may cont See Instru		30(h) of th	ne Investmen	t Compan	y Act	of 194	40				
1(b).											
(Print or Type R	Responses)										
1 Name and A	ddress of Reporting	Person* o		J.T.' 1 /	г. 1 <sup>.</sup>		5 Relationship of	Reporting Per	son(s) to		
1. Name and Address of Reporting Person *       2. Issuer         NIERENBERG DAVID       Symbol			Issuer Name <b>an</b> bol	<b>a</b> Ticker or	I radin	g	5. Relationship of Reporting Person(s) to Issuer				
		-	TUS MEDIC	TAL INC	BAB	<b>Y</b> I					
						, 1 ]	(Chec	k all applicable	;)		
			ate of Earliest T nth/Day/Year)	ransaction			Director X 10% Owner				
			16/2004	•			Officer (give title Other (specify				
1,000 112 0		11/	10/2004				below)	below)			
(Street) 4.			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	d(Month/Day/Yea	ur)			Applicable Line) _X_ Form filed by One Reporting Person						
CAMAS, W	A 08607						Form filed by M				
CAMAS, W	A 90007						Person				
(City)	(State)	(Zip)	Table I - Non-	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Dat	e, if Transact	ion(A) or Di	sposed	l of (D)	Securities Beneficially	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/W	Code	(Instr. 3,	4 and 3	5)		× /	Beneficial		
		(Month/Day/Y	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
					(A)		Reported		(,		
					or		Transaction(s)				
			Code V		(D)	Price	(Instr. 3 and 4)				
Common	11/16/2004		Р	26,200	А	\$	2,509,714	D			
Stock			-	(1)		6.99	, ,				
Common	11/17/2004		Р	48,800	٨	\$	2,558,514	D			
Stock	11/1//2004		r	(1)	А	6.99	2,330,314	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Ad	dress	Relationships							
	Director	10% Owner	Officer	Other					
NIERENBERG DAVID									
19605 NE 8TH STREET		Х							
CAMAS, WA 98607									
Signatures									
David									
Nierenberg	11/17/2004								
<u>**</u> Signature of Reporting Person	Date								

## **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).

(1) These shares were bought for D3 Family Fund LP, the D3 Family Retirement Fund LP, and the D3 Offshore Fund LP.

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