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H&Q HEALTHCARE INVESTORS

Form 4

beneficial

interest

11/21/2007

November 26, 2007

FORM	1 <u>4</u>								OMB AF	PROVAL	
	UNITE	D STATES		ITIES All hington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						e Act of 1934,	Expires: January 20 Estimated average burden hours per response				
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 1		Public Ut of the Inv	•	_			1935 or Section	n		
Print or Type	Responses)										
I			Symbol	•				5. Relationship of Reporting Person(s) to Issuer			
			H&Q HEALTHCARE INVESTORS [HQH]					(Check all applicable)			
	(First) CHT & QUIST MENT LLC, 30 UITE 430		3. Date of (Month/Date 11/21/20)	•	nnsaction			X Director X Officer (give below)		Owner or (specify	
(Street) 4. If Amendn Filed(Month/D					_			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON, 1	MA 02110-332	8						Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Execution	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3,	spose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Shares of beneficial interest	11/21/2007			Code V P	400	(D)	Price \$ 15.81	6,802	D		
Shares of											

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

P

1,100 A

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(9-02)

D

7,902

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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)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4.	5. onNumber	6. Date Exerc Expiration D		7. Tit	le and	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Teat)	any (Month/Day/Year)	Code (Instr. 8)	of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/ e		Unde	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships				
	Director	10% Owner	Officer	Other		
OMSTEAD DANIEL R HAMBRECHT & QUIST CAPITAL MANAGEMENT LLC 30 ROWES WHARF, SUITE 430 BOSTON, MA 02110-3328	X		President			

Signatures

/s/ Daniel R.
Omstead

**Signature of Reporting Person

11/26/2007

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).

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.

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