Edgar Filing: Duffner Frederick G - Form 4

Duffner Fred	lerick G										
Form 4											
May 13, 201	1										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box									Expires:	January 31,	
if no long subject to		IENT OF	CHAN	GES IN	BENEFIC	CIAL	OWN	ERSHIP OF		2005	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 o	or								response 0.5		
Form 5	n o *						•	e Act of 1934,			
obligation may cont				•	U 1			1935 or Section	l		
See Instru		30(h) o	of the In	vestment	Company	Act of	of 194	0			
1(b).											
(Duint an Tama I	D)										
(Print or Type I	(kesponses)										
1 Name and A	Address of Reporting	Person *	2 Tanna	Nome and	Tielen on T	no din a		5. Relationship of	Reporting Pers	on(s) to	
Duffner Frederick G Symbol				r Name and Ticker or Trading				Issuer			
				TCHEALTH							
				RATORIES INC [PHLI]				(Check all applicable)			
(Lest)	(First)				_			X Director	100/	Owner	
(Last)	(First) (f Earliest Transaction				X_ Director 10% Owner X_ Officer (give title Other (specify			
C/O PACIE	ICHEALTH		1000000000000000000000000000000000000	Day/Year)				below) below)			
	ORIES, INC., 10		03/11/2	011				Presi	dent and CEO		
	N ROAD, SUITE										
			4 16 4	u dur ou t Da						-(01 1	
				ndment, Date Original				6. Individual or Joint/Group Filing(Check			
			1 mea(moi	nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MATAWA	N, NJ US 07747							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative So	ecuriti	es Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securitie			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		Date, if		-		of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned	Form: Direct Beneficia (D) or Ownershi	Beneficial Ownership		
		(wonth) Da	ay/ i cai)	(IIIsu. 0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)	. ,	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/11/2011			Р	100,000	А	\$	862,857	D		
Stock							0.25				

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)

Reporting Owners

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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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrant	\$ 0.31	05/11/2011		Р	50,000	05/11/2011	05/11/2014	Common Stock	50,000
Warrant	\$ 0.38	05/11/2011		Р	10,000	05/11/2011	05/11/2014	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Duffner Frederick G C/O PACIFICHEALTH LABORATORIES, INC. 100 MATAWAN ROAD, SUITE 150 MATAWAN, NJ US 07747	Х		President and CEO			
Signaturaa						

Signatures

Reporting Person

Frederick 05/13/2011 Duffner **Signature of

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).

Remarks:

The warrants were acquired in a private offering by the Issuer as part of units each consisting of ten (10) shares of common sto

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.