Davidson Robert Steven Form 5 February 13, 2009 FORM 5

OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations **OWNERSHIP OF SECURITIES** response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Davidson Robert Steven Symbol Healthsport, Inc. [HSPO] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) _X_ Director 10% Owner Officer (give title Other (specify 12/31/2008 below) below) C/O HEALTHSPORT, INC., Â 7633 E. 63RD PLACE, SUITE 220 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) TULSA, Â OKÂ 74133 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City)

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1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(Instr. 4)		
Common Stock	Â	Â	Â	Â	Â	Â	91,867	D	Â	
Common Stock (1)	06/02/2008	Â	A4	469,831	А	\$0	561,698	D <u>(3)</u>	Â	
Common Stock (1)	06/02/2008	Â	A4	39,322	А	\$0	601,020	D	Â	
Common Stock (1)	06/02/2008	Â	A4	9,456	А	\$0	610,476	D <u>(2)</u>	Â	

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

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

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numł Share
Option to Buy	\$ 1.36	05/04/2007	Â	A4	495,000	Â	05/04/2007	05/04/2010	Common Stock	495,
Option to Buy	\$ 0.23	11/04/2008	Â	A4	250,000	Â	11/04/2008	11/04/2013	Common Stock	250,
Option to Buy	\$ 1.36	05/04/2007	Â	A4	50,000	Â	05/04/2007	05/04/2010	Common Stock	50,0
Option to Buy	\$ 0.23	11/04/2008	Â	A4	16,666	Â	11/04/2008	11/04/2013	Common Stock	16,0
Option to Buy	\$ 0.23	11/04/2008	Â	A4	16,667	Â	11/04/2009	11/04/2013	Common Stock	16,0
Option to Buy	\$ 0.23	11/04/2008	Â	A4	16,667	Â	11/04/2010	11/04/2013	Common Stock	16,0

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer Othe				
Davidson Robert Steven C/O HEALTHSPORT, INC. 7633 E. 63RD PLACE, SUIT TULSA,, OK 74133	Ъ 220	ÂX	Â	Â	Â		
Signatures							
/s/ Robert S.	112/200	0					

Davidson	02/13/2009				
<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) Shares were acquired by dividend from Zengen, Inc.
- (2) Owned by Mr. Davidson's wife.
- (3) Owned jointly.

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