## Edgar Filing: McNamara Anna - Form 4

McNamara A Form 4	Anna										
November 1	4, 2008										
FORM	Л	STATES	SECUE	RITIES A	ND EX(	CHAI	NGE C	OMMISSION	OMB AF OMB	PROVAL	
				shington,					Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			F CHAN	GES IN SECUR		CIA	L OWN	VERSHIP OF	Expires: Estimated a burden hour	ours per	
Form 5 obligatio may cont <i>See</i> Instru- 1(b).	Filed pur <sup>ns</sup> Section 17(: uction	a) of the l	Public U		ling Com	ipany	Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> McNamara Anna			2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDIONET INC [BEAT]					5. Relationship of Reporting Person(s) to Issuer			
				f Earliest Tr	-	-		(Check all applicable)			
227 WASH	INGTON STREE	ZT, #300	(Month/E 11/12/2	-				Director X Officer (give below) Senior Vic		Owner er (specify l Op.	
CONSHOH	(Street)	.28		endment, Da nth/Day/Year	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
(City)		(Zip)			• • •			Person			
							-	uired, Disposed of,		-	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if		Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	11/12/2008			S	100	D	\$ 22.28	45,659	D		
Common Stock	11/12/2008			S	500	D	\$ 22.27	45,159	D		
Common Stock	11/12/2008			S	10,400	D	\$ 22.25	34,759	D		
Common Stock	11/13/2008			S	11,000	D	\$ 22	23,759	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Mumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	The	of		
				Code V	$(\Lambda)$ (D)						
				Code V	(A) (D)				Shares		
_											

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
McNamara Anna 227 WASHINGTON STREET, #300 CONSHOHOCKEN, PA 19428			Senior Vice Pres./Clinical Op.	
Signatures				
/s/ Catherine A. Petko, by power of attorney		11/14/200	8	
**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).

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.