FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|----|--|
| | |

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person BERTELSEN MARK A | | | | | | | | | | | | | | | | | | (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|---|---|---|--------|---|----------|------|--------------------------------------|--|-------------------------------|-------|---|--|-------|--|---|--------------------|--|--|--|--|--|
| (Last) (First) (Middle) 111 MCINNIS PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2008 | | | | | | | | | | | | r (give title | | Other (s below) | · | | | | |
| (Street) SAN RA (City) | | | 94903 (Zip) | | 4. I | f Ame | ndme | nt, Date | of C | Original F | iled | (Month/D | ay/Ye | ear) | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | vative | Se | curit | ies Ad | cqu | ıired, C | Disp | osed c | of, o | r Be | nefic | ially | Owned | ł | | | | | | |
| Date | | | Date | t. Transaction Date Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | tion str. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene Own | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Prie | ce | Reporte Transac (Instr. 3 | tion(s) | | [| (Instr. 4) | | | |
| Common Stock 06/27. | | | | | 7/2008 | /2008 | | | G | V | 500 | | D | 1 | \$ <mark>0</mark> | 6, | 491 | | D | | | | | |
| Common Stock 07 | | | | 07/1 | 0/2008 |)/2008 | | | | M | | 2,363 | 3 | A | A \$0.01 | | 8,854 | | D | | | | | |
| | | 7 | able II - | | | | | | | | | sed of | | | | | Owned | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactior Code (Instr. 8) | | | | Ex | Date Exer piration E onth/Day/ | ate | Amount of Securitie Underlyii | | ount of urities erlying vative | nt of ties ying tive Security | | B. Price of Derivative Security Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4) | s S Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | code V | | (D) | Dat | ite ercisable | | xpiration ate | Title | | Amou or Numb of Share | ber | | | | | | | | |
| Restricted Stock Award (right to buy) ⁽¹⁾ | \$0.01 | 07/10/2008 | | | M | | | 2,363 | 06 | 5/12/2008 | 09 |)/10/2008 | | nmon ock | 2,36 | 63 | \$0 | 0 | | D | | | | |

Explanation of Responses:

1. Restricted Stock Award granted under the 2000 Directors' Option Plan in lieu of \$75,000 cash compensation for services as a director.

Nancy R. Thiel, Attorney-in-Fact for Mark A. Bertelsen

07/10/2008

** Signature of Reporting Person Date

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

- * 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.

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 Number.