FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden

OMB APPROVAL

hours per response. . .0.5

	Company Act of 1935 or Section 30(h) of the Investmen	Filed By Romeo & Dye's Instant Form 4 Filer www.section16.net	
eporting Person*	2. Issuer Name and Ticker or Trading Symbol	6. Relationship of Reporting	g Person(s)

1 0					Name and Ticker or T	0 .	ymbol	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Lowenstam Patricia								Director 10% Owner					
(Last) (First) (Middle)			3. I.F	R.S.	Identification Number	4. Sta	tement for	X Officer (give title below) _ Other (specify below)					
			of Re	of Reporting Person,			h/Day/Year						
2292 Faraday Avenue			if an	if an entity (voluntary)			2/03	Vice President					
(Street)			\dashv				Amendment,	7. Individual or Joint/Group Filing (Check Applicable Line)					
							of Original	X Form filed by One Reporting Person					
Carlsbad, CA 92008							th/Day/Year)	Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I — No	on-Deriv	ative Securitie	es Acquired, Disposed of, or Beneficially Owned					
1. Title of Security	2. Trans-	2A. Deemed	3. Trans-		4. Securities Acquired	(A) or D	sposed of (D)	5. Amount of	6. Owner-	7. Nature of Indirect			
(Instr. 3)	action	Execution	action Co	ode	(Instr. 3, 4 & 5)			Securities	ship Form:	Beneficial Ownership			
	Date	Date,	(Instr. 8)					Beneficially	Direct (D)	(Instr. 4)			
	(Month/ Day/ Year)	if any	Code	V	Amount	(A)	Price	Owned Follow-	or Indirect (I)				
	l ′	(Month/Day/				or		ing Reported Transactions(s)	(Instr. 4)				
		Year)		(D)				(Instr. 3 & 4)					

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. Conver-	3.	3A.	4.		5. Number of Deri	6. Date		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
Derivative	sion or	Trans-	Deemed	Trans	-	Securities Acquire	Exercis	able	of Underlying		Derivative	Derivative	Owner-	of Indirect	
Security	Exercise	action	Execution	action	ւ	Disposed of (D)		and Exp	iration	Securities		Security	Securities	ship	Beneficial
	Price of	Date	Date,	Code		· ` ` ` `		Date		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative		if any			(Instr. 3, 4 & 5)		(Month/Day/		ľ			Owned	of	(Instr. 4)
	Security		(Month/	(Instr.		,		Year)				I	Following	Deriv-	
			Day/ Year)	8)									Reported	ative	
													Transaction(s)	Security:	1
				Code	$\overline{\mathbf{v}}$	(A) (D)		Date	Expira-	Title	Amount	1	(Instr. 4)	Direct	1
							` ′	1	tion		or			(D)	1
								cisable	l		Number			or	1
											of			Indirect	1
											Shares			(I)	
														(Instr. 4)	
Employee Stock	\$6.84	1-2-	1-2-03	Α	П	15,000		<u>(1)</u>	1-1-13	Common	15,000		15,000	D	
Option (right to buy)		03								Stock					

Explanation of Responses:

(1) 25% of the shares subject to the option will vest and become exercisable on 1-2-04. Thereafter, the remaining shares subject to the option vest and become exercisable in 36 equal monthly installments, at the rate of 3,750 shares per year. The option is exercisable as to 0 shares on 1-2-03.

> By: /s/ Patricia Lowenstam 1-3-03 **B. Lynne Parshall** Date **Signature of Reporting Person

**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.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).