

ENCISION INC
Form 3
September 29, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Intertec Healthcare Management, L.L.C.		(Month/Day/Year)	ENCISION INC [ECI]	
(Last)	(First)	09/19/2008		
5980 HORTON STREET, SUITE 390		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
EMERYVILLE,Â CAÂ 94608		<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	655,671	I	See footnote ⁽¹⁾
Common Stock	655,671	D	Â
Common Stock	655,671	I	See footnote ⁽¹⁾

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: ENCISION INC - Form 3

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Intertec Healthcare Management, L.L.C. 5980 HORTON STREET, SUITE 390 EMERYVILLE, CA 94608	^	^ X	^	^
Intertec Healthcare Partners, L.P. 5980 HORTON STREET, SUITE 390 EMERYVILLE, CA 94608	^	^ X	^	^
NAUMANN-ETIENNE RUEDIGER 5980 HORTON STREET, SUITE 390 EMERYVILLE, CA 94608	^	^ X	^	^

Signatures

/s/ Ruediger Naumann-Etienne, as Managing Member of Intertec Healthcare Management, L.L.C.	^	09/29/2008
**Signature of Reporting Person		Date
/s/ Ruediger Naumann-Etienne, as Managing Member of Intertec Healthcare Management, L.L.C., the General Partner of Intertec Healthcare Partners, L.P.	^	09/29/2008
**Signature of Reporting Person		Date
/s/ Ruediger Naumann-Etienne	^	09/29/2008
**Signature of Reporting Person		Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) The reported securities are owned directly by Intertec Healthcare Partners, L.P. (the "LP") and may be deemed to be beneficially owned indirectly by Intertec Healthcare Management, L.L.C. (the "LLC"), as general partner of the LP and Ruediger Naumann-Etienne, as managing member of the LLC. The LLC and Mr. Naumann-Etienne disclaim any beneficial ownership of the reported securities except to the extent of any pecuniary interest therein.

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.