| Braun Sidn<br>Form 5<br>March 26, 2   |  |   |  |                       |                                      |  |  |   |  |  |  |
|---|--|---|--|-----------------------|--------------------------------------|--|--|---|--|--|--|
|   |  |   |  |                       |                                      |  | OMB A  | APPROVAL  |  |  |  |
| FORN<br>Check th  | -  | STATES SECU   | RITIES AN<br>ashington, l  |                       | ANGE (                               | COMMISSIC  | Number.  | 3235-0362<br>January 31,  |  |  |  |
| to Sectio<br>Form 4 of<br>5 obligat<br>may con<br><i>See</i> Instr<br>1(b). | or Form ANN<br>tions<br>truction<br>Filed put<br>Holdings Section 170<br>d | rsuant to Section   | <b>CRSHIP OF</b><br>16(a) of the<br>Utility Holdi                                  | SECURIT<br>Securities | T <b>IES</b><br>Exchang<br>ny Act of | e Act of 1934<br>f 1935 or Sec   |  | 2005<br>average<br>urs per  |  |  |  |
| Braun Sidney Syn  |  |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>SPO Medical Inc [SPOM.OB] |                       |                                      | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |  |  |
| (Last)  | (First) (  |   | 3. Statement for Issuer's Fiscal Year Ended  |                       |                                      |  | (Check all applicable)   |   |  |  |  |
|   |  |   | (Month/Day/Year)<br>12/31/2009   |                       |                                      |  | X_ Director 10% Owner<br>Officer (give title Other (specify          |   |  |  |  |
|   |  |   | . If Amendment, Date Original<br>Filed(Month/Day/Year)                             |                       |                                      | 6. Individual or Joint/Group Reporting<br>(check applicable line)  |  |   |  |  |  |
| KFAR SA   | BA, L3 44425   |   |  |                       |                                      |  | by One Reporting<br>by More than One                                 |   |  |  |  |
| (City)  | (State)  | (Zip) Ta  | ble I - Non-De   | erivative Secu        | rities Acq                           | uired, Dispose   | l of, or Benefici  | ally Owned  |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year)                                    | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8)  | C                     | .) or<br>(D)                         | 5. Amount of<br>Securities<br>Beneficially<br>Owned at end<br>of Issuer's<br>Fiscal Year<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|   | eport on a separate line<br>neficially owned direct                        |   | contained  | l in this form        | are not                              | ollection of in<br>required to re<br>valid OMB cor   | spond unless   | SEC 2270<br>(9-02)  |  |  |  |
|   | Tab  | le II - Derivative Se<br>(e.g., puts, cal                   |  |                       |                                      |  | ed   |   |  |  |  |
| 1. Title of   | 2. 3. Trai   | nsaction Date 3A. D   | eemed  | 4.                    | 5. Numb                              | er of 6. Date  | Exercisable and  | 7. Title and An   |  |  |  |

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5. Number of | 6. Date Exercisable and | 7. Title and Amount o |
|-------------|-------------|---------------------|--------------------|-------------|--------------|-------------------------|-----------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | Derivative   | Expiration Date         | Underlying Securities |
| Security    | or Exercise |                     | any                | Code        | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)      |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Acquired (A) |                         |                       |

## Edgar Filing: Braun Sidney - Form 5

|                            | Derivative<br>Security |            |   |   | or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) |     |                     |                    |                            |                                    |
|----------------------------|------------------------|------------|---|---|--|-----|---------------------|--------------------|----------------------------|------------------------------------|
|                            |                        |            |   |   | (A)  | (D) | Date<br>Exercisable | Expiration<br>Date | Title                      | Amount<br>or<br>Number<br>of Share |
| Common<br>Stock<br>Options | \$ 0.08                | 12/31/2009 | Â | А | 50,000   | Â   | (1)                 | 12/31/2014         | Common<br>Stock<br>Options | 50,000                             |

## **Reporting Owners**

| Reporting Owner Na   | Relationships    |          |                   |   |       |  |  |
|--|------------------|----------|-------------------|---|-------|--|--|
|  |                  | Director | 10% Owner Officer |   | Other |  |  |
| Braun Sidney<br>C/O: SPO MEDICAL INC. 3<br>POB 2454<br>KFAR SABA, L3 44425 | , GAVISH STREET, | ÂX       | Â                 | Â | Â     |  |  |
| Signatures   |                  |          |                   |   |       |  |  |
| /s/ Sidney Braun 03  | /26/2010         |          |                   |   |       |  |  |

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

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

Date

- \*\* 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 options were issued under the Company's 2005 Non Employee Directors Stock Option Plan and became exercisable upon grant. The awards was inadvertently not included in a Form 4 filing.

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.