

CHAD THERAPEUTICS INC
 Form 5
 April 11, 2007

FORM 5

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

OMB APPROVAL

OMB Number: 3235-0362
 Expires: January 31, 2005
 Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person *
 Kern Tracy A

2. Issuer Name and Ticker or Trading Symbol
 CHAD THERAPEUTICS INC
 [CTU]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
 03/31/2007

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Chief Financial Officer

21622 PLUMMER ST

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

CHATSWORTH, CA 91311

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares	04/30/2006	04/30/2006	I	69	A	\$ 3.02	6,403	I	Retirement Plan
Common Shares	05/31/2006	05/31/2006	I	77	A	\$ 2.73	6,403	I	Retirement Plan
Common Shares	06/30/2006	06/30/2006	I	75	A	\$ 2.8	6,403	I	Retirement Plan
Common Shares	07/31/2006	07/31/2006	I	79	A	\$ 2.65	6,403	I	Retirement Plan

Edgar Filing: CHAD THERAPEUTICS INC - Form 5

Common Shares	08/31/2006	08/31/2006	I	121	A	\$ 1.74	6,403	I	Retirement Plan
Common Shares	09/30/2006	09/30/2006	I	102	A	\$ 2.05	6,403	I	Retirement Plan
Common Shares	10/31/2006	10/31/2006	I	89	A	\$ 2.35	6,403	I	Retirement Plan
Common Shares	11/30/2006	11/30/2006	I	91	A	\$ 2.31	6,403	I	Retirement Plan
Common Shares	12/31/2006	12/31/2006	I	94	A	\$ 2.22	6,403	I	Retirement Plan
Common Shares	01/31/2007	01/31/2007	I	91	A	\$ 2.32	6,403	I	Retirement Plan
Common Shares	02/28/2007	02/28/2007	I	110	A	\$ 1.91	6,403	I	Retirement Plan
Common Shares	03/31/2007	03/31/2007	I	126	A	\$ 1.66	6,403	I	Retirement Plan
Common Shares	02/01/2007	02/01/2007	I	26	D	\$ 2.28	6,403	I	Retirement Plan

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.

SEC 2270
(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of
						Date Exercisable	Expiration Date	Title	Amount or Number of Shares
						(A)	(D)		

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

 ^ ^ ^

Kern Tracy A
21622 PLUMMER ST
CHATSWORTH, CA 91311

Chief
Financial
Officer

Signatures

/s/ Tracy A Kern 04/11/2007

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 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.