

UROPLASTY INC
Form 3
March 22, 2007

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

OMB APPROVAL

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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 TURN OF THE TIDE A WISCONSIN LP		(Month/Day/Year)	UROPLASTY INC [UPI]	
(Last)	(First)	(Middle)		
789 NORTH WATER STREET,Â SUITE 500			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
MILWAUKEE,Â WIÂ 53202			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			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	

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	1,188,332	D ⁽¹⁾	Â

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)

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Warrants (right to buy)	02/04/2007	08/06/2011	Common Stock	62,500	\$ 2.5	D <u>(1)</u>	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TURN OF THE TIDE A WISCONSIN LP 789 NORTH WATER STREET SUITE 500 MILWAUKEE, WI 53202	Â	Â X	Â	Â
Heartland Value Manager LLC 789 NORTH WATER STREET SUITE 500 MILWAUKEE, WI 53202	Â	Â X	Â	Â
NASGOVITZ WILLIAM J 789 NORTH WATER STREET SUITE 500 MILWAUKEE, WI 53202	Â	Â X	Â	Â

Signatures

Turn of the Tide, a Wisconsin Limited Partnership By: Heartland Value Manager LLC its General Partner By: Paul T. Beste	03/22/2007
Signature of Reporting Person	Date
Heartland Value Manager LLC By: Paul T. Beste	03/22/2007
Signature of Reporting Person	Date
William J. Nasgovitz By: Paul T. Beste, attorney in fact	03/22/2007
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).
- The common stock and warrants are owned directly by Turn of the Tide, a Wisconsin Limited Partnership ("TOTT"). The common stock and warrants may be deemed to be owned indirectly by the following parties: (i) Heartland Value Manager LLC, a Wisconsin Limited
- (1) Liability Company ("HVM"), the general partner of TOTT and (ii) William J. Nasgovitz due to his controlling interest in Heartland Holdings, Inc., HVM's parent company. Mr. Nasgovitz and HVM disclaim any beneficial ownership of such stock and warrants except to the extent of their respective pecuniary interests therein.

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Remarks:
 Remarks:

Exhibit List

Exhibit 24 - Power of Attorney

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.