Choma John Form 4/A March 02, 2007

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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(b).

(City)

(State)

(Zin)

(Print or Type Responses)

| 1. Name and Adda<br>Choma John              | ress of Report | ing Person * | 2. Issuer Name and Ticker or Trading<br>Symbol<br>OMNICELL INC /CA/ [OMCL] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)                          |  |  |
|---|----------------|--------------|--|---|--|--|
| (Last) (First) (Middle)                     |                | (Middle)     | 3. Date of Earliest Transaction  | (Check all applicable)  |  |  |
| C/O OMNICELL, INC., 1201<br>CHARLESTON ROAD |                | 201          | (Month/Day/Year)<br>02/07/2007   | Director 10% OwnerX Officer (give title Other (specify below)  S.V.P. H.R. Emp. Learn & Perf.     |  |  |
| (Street)                                    |                |              | 4. If Amendment, Date Original Filed(Month/Day/Year) 02/09/2007            | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person |  |  |
| MOUNTAIN VIEW, CA 94043                     |                |              | 02/07/2007   | Form filed by More than One Reporting Person  |  |  |

| (City)                               | (State)                                 | (Zip) Tab   | le I - Non-  | Derivative       | e Secu | rities Acqui   | red, Disposed of,  | or Beneficiall  | y 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. 4. Securities Acquired (A) Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or |                  |        | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |
| Common<br>Stock                      | 02/07/2007                              |   | Code V $A^{(4)}$   | Amount 5,000 (1) | (D)    | Price \$ 0 (4)   | 5,000  | D   |         |
| Common<br>Stock                      | 02/09/2007                              |   | M  | 3,000<br>(2)     | A      | \$ 10.08   | 8,000  | D   |         |
| Common<br>Stock                      | 02/09/2007                              |   | S  | 3,000<br>(3)     | D      | \$<br>20.8928  | 5,000  | D   |         |

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

### Edgar Filing: Choma John - Form 4/A

#### number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | Disposed of | rative Expiration Date |                     | te                 | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) |                                  |
|---|--|--------------------------------------|---|--|-------------|------------------------|---------------------|--------------------|---|----------------------------------|
|   |  |                                      |   | Code V                                 | (A)         | (D)                    | Date<br>Exercisable | Expiration<br>Date | Title   | Amour<br>or<br>Number<br>of Shar |
| Stock<br>Option<br>(Right to<br>Buy)                | \$ 20.95   | 02/07/2007                           |   | A                                      | 10,000      |                        | 02/01/2007          | 02/07/2017         | Common<br>Stock   | 10,00                            |
| Stock<br>Option<br>(Right to<br>Buy)                | \$ 10.08   | 02/09/2007                           |   | M                                      |             | 3,000<br>(5)           | 02/03/2005          | 11/03/2014         | Common<br>Stock   | 3,00                             |

## **Reporting Owners**

Director 10% Owner Officer Other

Choma John C/O OMNICELL, INC. 1201 CHARLESTON ROAD MOUNTAIN VIEW, CA 94043

S.V.P. H.R. Emp. Learn & Perf.

### **Signatures**

/s/ John Choma 03/02/2007

\*\*Signature of Date Reporting Person

## **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).
- (1) Grant of restricted shares in consideration of services rendered. Shares shall vest semiannually over 48 months.
- (2) Shares vest ratably over 48 months.
- (3) Sale made pursuant to a Rule 10b5-1 selling plan adopted on February 5, 2007.
- (4) Correction of transaction code and price.
- (5) Correction of disposal, rather than acquisition, of exercised options.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

## Edgar Filing: Choma John - Form 4/A

| 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. |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |