

James JayCee
Form 4
April 10, 2009

FORM 4

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

OMB APPROVAL

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
James JayCee

2. Issuer Name and Ticker or Trading Symbol
CapitalSource Healthcare REIT [CHR]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
9298 SVL BOX
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
04/10/2009

____ Director
____ Officer (give title below)
 10% Owner
 Other (specify below)
Majority Holder

VICTORVILLE, CA 92395

(City) (State) (Zip)

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

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Preferred <u>(1)</u> <u>(2)</u>	04/10/2009	04/10/2009	P		5,000,000	A	\$ 0 5,000,000
Common <u>(1)</u> <u>(2)</u>	04/10/2009	04/10/2009	P		42,105,000	A	\$ 0 42,105,000

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

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SEC 1474
(9-02)

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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. Number of Derivative Securities Owned Beneficially (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
James JayCee 9298 SVL BOX VICTORVILLE, CA 92395		X		Majority Holder

Signatures

JayCee James 04/10/2009
 __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) Establishment of the Capital Source Healthcare REIT discriminatory share price, the reporting owner has determined to issue as previously filed in the SEC Form 3/A, 5,000,000 shares preferred stock upon the completion of Capital Source Healthcare REIT (CHR) corporate restructuring notwithstanding all like industry comparable share structures and share prices.
- (2) Establishment of the Capital Source Healthcare REIT discriminatory share price, the reporting owner has determined to issue as previously filed in the SEC Form 3/A, 42,105,000 shares common stock upon the completion of Capital Source Healthcare REIT (CHR) corporate restructuring notwithstanding all like industry comparable share structures and share prices.

Remarks:

Control may be deemed to exist as permitted under 13d-4 of SEC 34 I expressly declare that any such filings shall not be cons

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.