

BESSERT DOUGLAS  
Form 5  
February 13, 2007

# FORM 5

**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).  
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 \*  
BESSERT DOUGLAS

2. Issuer Name and Ticker or Trading Symbol  
SAMARITAN PHARMACEUTICALS INC [LIV]

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)  
12/31/2006

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

101 CONVENTION CENTER DRIVE, SUITE 310

(Street)

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

6. Individual or Joint/Group Reporting

(check applicable line)

LAS VEGAS, NV 89109

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) | 5. Amount or Price | 6. 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 Stock                    | Â                                    | Â  | Â                              | Â   | Â          | Â                  | 3,980,000  | I  | Samaritan Pharmaceuticals Company Deferred Compensation Plan |
| Common                          | Â                                    | Â  | Â                              | Â   | Â          | Â                  | 20,000   | D  | Â  |

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Stock

Common Stock                                                                                                                                        855,855    I                      KD., Inc.

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

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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. Amount or Number of Shares |
|--|--|--------------------------------------|--|--------------------------------|---|--------------------------|--|-----------------|---|-------------------------------|
|  |  |                                      |  |                                | (A)   | (D)                      | Date Exercisable   | Expiration Date |   |                               |
| Stock Options (right to buy)               | \$ 0.44  | <input type="checkbox"/>             | <input type="checkbox"/>                           | <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> | 08/08/2006   | 07/26/2009      | Common Stock  | 30,000                        |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships            |                                     |                          |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Director                 | 10% Owner                           | Officer                  | Other                    |
| BESSERT DOUGLAS<br>101 CONVENTION CENTER DRIVE<br>SUITE 310<br>LAS VEGAS, NV 89109 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Signatures

/s/Eugene Boyle, Power of Attorney for Douglas D. Bessert.

02/13/2007

\_\_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.

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