#### Edgar Filing: ALTIGEN COMMUNICATIONS INC - Form 3

#### ALTIGEN COMMUNICATIONS INC

Form 3

December 12, 2008

# 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, response...
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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement ALTIGEN COMMUNICATIONS INC [ATGN] Wanger Eric (Month/Day/Year) 01/22/2007 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) **401 NORTH MICHIGAN** (Check all applicable) **AVENUE, SUITE 1301** (Street) 6. Individual or Joint/Group 10% Owner \_X\_\_ Director Officer Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting Person CHICAGO, ILÂ 60611 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5)  $I^{(1)}$ Common Stock 407,927 See note 1. Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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

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

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	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)
		Title	Security	Direct (D)	

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Date Expiration Amount or or Indirect
Exercisable Date Number of (I)
Shares (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Wanger Eric

401 NORTH MICHIGAN AVENUE, SUITE 1301 X CHICAGO, ILÂ 60611

## **Signatures**

/s/ Eric D. Wanger 12/12/2008

\*\*Signature of Date
Reporting Person

# **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).
- Shares held by Wanger Long Term Opportunity Fund II, LP ("WLTOF"). The Reporting Person controls WLTOF through (a) its general partner, WLTOF GP LLC, in which the Reporting Person has an interest, and (b) Wanger Investment Management, Inc., in which the Reporting Person has an interest and which provides investment management services to WLTOF. The Reporting Person disclaims beneficial ownership of such shares except to the extent of his beneficial interest in WLTOF.

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#### **Remarks:**

The Reporting Person inadvertently failed to timely file this Form 3 in connection with his appoint Issuer as of January 22, 2007. Transactions in the Issuer's equity securities executed by the Reporting person on Form 4, Â file a Form 3. Â See also the Form 5 filings by the Reporting Person as of the date of this. all of the Reporting Person's transactions in the Issuer's equity securities since January 22, 2007, Â limitation certain transactions previously reported on Form 4.

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.

Reporting Owners 2