## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response	. 0.5				

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

	ons may contin tion 1(b).	lue. See		File	ed purs	suant	to Section	on 16(a	) of the	Securi	ities Exchan	ae Act (	of 1934			hou	rs per	response:	0.5
											ompany Act								
	nd Address of ne Advisc	Reporting Person*					r Name a				Symbol E INC	HBIO	]		elationshi ck all app Dired		ting Po		Issuer Owner
(Last) (First) (Middle) TWO INTERNATIONAL PLACE				3. Date of Earliest Transaction (Month/Day/Year) 11/20/2007								Offic belo	er (give title w)	9	Othe below	r (specify v)			
SUITE 1	800				4. 1	f Am	endment	, Date o	of Origin	al File	d (Month/Da	ay/Year	1	6. In	dividual c	or Joint/Gro	up Fili	ing (Check	Applicable
(Street) BOSTON			02110		-	,										m filed by One R m filed by More t son			
(City)	(St		Zip)																
			le I - No			_			·	d, Dis	sposed o				1		1		
1. Title of \$	Security (Inst	r. 3)		2. Transa Date (Month/Da			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired (A) o Of (D) (Instr. 3, 4 a			5. Amo Securit Benefic Owned Reporte	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) c (D)	r Pri	ice	Transa (Instr. 3	ction(s)			(111301. 4)
Common Stock			11/20/	2007				P		9,177	A	\$3	3.8734	4,755,575		I		See Footnote <sup>(1)</sup>	
		Ta	able II -								osed of, convertib				Owned				
1. Title of Derivative Security  1. Title of Conversion or Exercise Price of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	per					
	nd Address of ne Adviso	Reporting Person*												·					
(Last) TWO IN SUITE 1	TERNATIO	(First) DNAL PLACE	(Mi	iddle)															
(Street)																			

Skystone Ad	visors LLC	on				
(Last)	(First) (Middle)					
TWO INTERN	ATIONAL PLAC	Е				
SUITE 1800			_			
(Street)						
BOSTON	MA	02110				
-			_			
(City)	(State)	(Zip)				
1. Name and Address	ess of Reporting Pers	on <sup>*</sup>	_			
(Last)	(First)	(Middle)				
C/O SKYSTON	IE CAPITAL MA	NAGEMENT LP				
TWO INTERN	ATIONAL PLAC	E, SUITE 1800				
(Street)						
BOSTON	MA	02110				
(City)	(State)	(Zip)				

## **Explanation of Responses:**

1. Shares reported herein represent shares held by HSO Limited Partnership and HSE Master Fund Limited Partnership. Skystone Advisors LLC is the investment member of the general partner of HSO Limited Partnership and the general partner of HSE Master Fund Limited Partnership. Ms. Nelson is the managing member of Skystone Advisors LLC. Each of Ms. Nelson and Skystone Advisors LLC disclaims beneficial ownership of the shares reported herein, except to the extent of its or her pecuniary interest therein, and the inclusion of the shares reported herein shall not be deemed an admission of beneficial ownership of such shares for purposes of Section 16 or for any other purpose

/s/Skystone Advisors LLC by 11/21/2007

<u>Kerry Nelson, Managing</u> <u>Member</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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 is insufficient, see Instruction 6 for procedure.

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 Number.