FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Myhill Paul Robert						2. Issuer Name <b>and</b> Ticker or Trading Symbol LIFELINE THERAPEUTICS, INC. [ LFLT ]											p of Reportin blicable) ctor		erson(s) to Is	
(Last) 3466 WI	,	First) N COURT	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/02/2005									X	Office below			below	(specify
(Street) CASTLE	ROCK C	CO State)	80109 (Zip)		4. If	Amer	idment.	, Date o	of Original Filed (Month/Day/Year)						indiv ine) X	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tal	ole I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, o	r Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Exe ) if a	Deeme ecution ny onth/Da	Date,	3. Transaction Code (Instr. 8)						and 5) Secu Bene Own		amount of curities neficially ned Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
						Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock				06/02/2005					J <sup>(1)</sup>		400,000(4)		D	\$0		0			D	
Common	06/02/2005					J <sup>(1)</sup>		400,00	,000 A		\$	\$ <mark>0</mark>	400,000			I	By Trust			
Common Stock					6/02/2005				J <sup>(2)</sup>		1,849,945(4)		D	\$0		0			D	
Common Stock 06					/2005				J <sup>(2)</sup>		1,849,945		A	\$0		1,849,945			D	
Common Stock 06					06/02/2005				J <sup>(3)</sup>		2,249,945(4)		D	\$0		0		D		
Common	Common Stock				06/02/2005				J <sup>(3)</sup>		2,249,945		A	\$0 2		2,2	2,249,945		I	By Wife
		7	able II -	Derivat (e.g., p	ive S uts, c	ecur alls,	ities warr	Acqu ants,	ired, [ optio	Dispo	osed of, convertib	or E	Benefi ecuri	iciall ties)	ly Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		Execution (y/Year) if any			ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerci ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	Code V		(A) (D)		able	Expiration Date	Title	Numb of Title Share								

## Explanation of Responses:

- 1. On June 2, 2005, Paul Robert Myhill transferred 400,000 shares of common stock to a grantor retained annuity trust, "Paul R. Myhill 2005 Retained Annuity Trust."
- 2. On June 2, 2005, Paul Robert Myhill transferred 1,849,945 shares of common stock to Paul Robert Myhill.
- $3.\ On\ June\ 2,2005,\ Paul\ Robert\ Myhill\ transferred\ 2,249,945\ shares\ of\ common\ stock\ to\ Lisa\ Gail\ Myhill.$
- 4. Owned by Paul Robert and Lisa Myhill as joint tenants.

/s/ Paul R. Myhill

06/07/2005

\*\* Signature of Reporting Person

Data

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

- \* 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.