| SEC Form 4 | |
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FORM 4

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

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPRO | DVAL | | | | | | |
|------------------------|------|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | |

| 1 I. Marile and Address of Reporting Leson | | | 2. Issuer Name and Ticker or Trading Symbol LIFELINE THERAPEUTICS, INC. [LFLT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|------------------------|----------|--|---|-------------------------------|---------|-----------------------|--|--|
| Driscoli Willi | <u>am Josepn</u> | | ,,,,,,,, | X | Director | Х | 10% Owner | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | X | Officer (give title below) | | Other (specify below) | | |
| | 6367 S. JAMAICA STREET | | 10/29/2004 | President, CEO | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group F | iling (| Check Applicable | | |
| ENGLEWOOD | CO | 80111 | | X | Form filed by One F | Report | ing Person | | |
| (City) | (State) | (Zip) | | | Form filed by More Person | than C | One Reporting | | |

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. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 10/29/2004 | | G | | 5,623,800 ⁽¹⁾ | D | \$ <mark>0</mark> | 5,623,800 ⁽¹⁾ | D ⁽²⁾ | |
| Common Stock | 11/01/2004 | | G | | 150,000 | D | \$0 | 5,473,800 | D ⁽²⁾ | |
| Common Stock | 11/01/2004 | | G | | 440,000 | D | \$ <mark>0</mark> | 5,033,800 | D ⁽²⁾ | |

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) | Execution Date, if any | 4. Transa Code (8) | | of Deriv Secur Acqu (A) or Dispo of (D) | Derivative (Month/Day/Year) Securities A or Disposed of (D) Instr. 3, 4 | | Expiration Date (Month/Day/Year) Amount (Month/Day/Year) Security Derivativ Security and 4) | | | Expiration Date Amount of (Month/Day/Year) Securities Underlying Derivative Security (Instr. 3 | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|------------------------|------------------------------|---|---|--|---------------------|---|-------|--|--|--|--|---|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. On October 29, 2004, Mr. Driscoll transferred his entire interest in the 5,623,800 shares of Common Stock to himself and his wife (Rosemary A. Driscoll) as joint tenants. 2. Owned by William and Rosemary A. Driscoll as joint tenants.

/s/ William Driscoll

** Signature of Reporting Person

11/02/2004

Date

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.