	FORM 3			IES AND EXCHANGE COMM Igton, D.C. 20549	IISSION	OMB AP	PROVAL		
Print or Type Responses)				STATEMENT OF IERSHIP OF SECURIT	ATEMENT OF RSHIP OF SECURITIES		OMB Number: 3235-0104 Expires: January 31, 2005		
			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,				verage burden hours		
Name and Address of Reporting Person*  Fraser John K		Date of Event Requiring     Statement	4. Issuer Name <b>and</b> Ticker or	r Trading Symbol					
		(Month/Day/Year) November 14, 2002		MacroPor	e Biosurgery, Inc.				
(Last)	(First)	(Middle)	3. IRS Identification Number of Reporting Person, if an entity (voluntary)	5. Relationship of Reporting Person(s) to Issuer (Check all			(Month/Day/Year)		
6740 Top Gun Street				Director 10% Own  X Officer Other (give title below) (specify below		er			
San Diego	(Street) CA	92121		V.P. Research	h & Technology / Biologi	ics	7. Individual or Joint/		
(City) (State) (Zip)		-				(Check Applicable Line)  X Form filed by One Reporting Person Form filed by More the One Reporting Person			
			Table I — Non-De	erivative Securities Beneficially	Owned				
(Instr. 4)		Amount of Securities Beneficially Owned Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Benef	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
		POTEN COM	ITIAL PERSONS WHO ARE TO NTAINED IN THIS FORM ARE DISPLAYS A CURREI	O RESPOND TO THE COLLE NOT REQUIRED TO RESPONTLY VALID OMB CONTRO	OND UNLESS THE FO	ATION RM			
		CON	NTAINED IN THIS FORM ARE	NOT REQUIRED TO RESPONTLY VALID OMB CONTRO	OND UNLESS THE FOI L NUMBER.	RM			
Title of Derivati Security (Instr. 4)		CON	NTAINED IN THIS FORM ARE DISPLAYS A CURRE!  Derivative Securities Beneficially  Expiration Date 3.	NOT REQUIRED TO RESPONTLY VALID OMB CONTRO	OND UNLESS THE FOI L NUMBER.	e securities)  5. Ove of Decurity Di	wnership Form of 6. erivative Security: irect (D) or Indirect ) (Instr. 5)	Nature of Indirect Beneficia Ownersh (Instr. 5)	
Security	(Me	Table II — I e Exercisable and onth/Day/Year)	NTAINED IN THIS FORM ARE DISPLAYS A CURRE!  Derivative Securities Beneficially  Expiration Date 3.	Owned (e.g., puts, calls, warra  Title and Amount of Securities Underlying Derivative Security	ond Unless THE FOIL NUMBER.  Ints, options, convertible  4. Conversion or Exercise Price	e securities)  5. Ove of Decurity Di	erivative Security: irect (D) or Indirect	Indirect Beneficia Ownersh	
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Security	(Me	Table II — I e Exercisable and onth/Day/Year)	NTAINED IN THIS FORM ARE DISPLAYS A CURRE!  Derivative Securities Beneficially  Expiration Date 3. [	Owned (e.g., puts, calls, warrange)  Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title Amount or Number of	ond Unless THE FOIL NUMBER.  Ints, options, convertible  4. Conversion or Exercise Price	e securities)  5. Ove of Decurity Di	erivative Security: irect (D) or Indirect	Indirect Benefici Ownersh	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.	
Explanation of Responses:	
/s/ John Fraser	November 15, 2002
**Signature of Reporting Person	Date
*If the form is filed by more than one reporting person, <i>see</i> 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).	
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.	