## FORM 4

o Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response .... 0.5

| Name and Address of Reporting Person* |                                                                                                                                   |                        |                              |                      |            | Issuer Name and Ticker or Trading Symbol     MacroPore Biosurgery, Inc. |                                |            |                                                                      |                            |        |                                           |                                                                                 | 6.                                                                      | Relationship of Reporting Person(s) to Issuer                     |                                                         |    |                                  |                      |                               |               |                 |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|----------------------|------------|-------------------------------------------------------------------------|--------------------------------|------------|----------------------------------------------------------------------|----------------------------|--------|-------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|----|----------------------------------|----------------------|-------------------------------|---------------|-----------------|
| Fraser John                           |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           | (Check all applicable) Director                                                 |                                                                         | able)<br>—                                                        | 10% Owner                                               |    |                                  |                      |                               |               |                 |
| (Last)                                |                                                                                                                                   | (First)                |                              | (Middle)             |            | Reporting Person (voluntary) Month                                      |                                |            | onth/Day                                                             | tement for<br>nth/Day/Year |        |                                           |                                                                                 | X Officer (gi<br>title below)<br>Vice President - F<br>& Technology - E |                                                                   | (specify below)<br>Research                             |    | 7)                               |                      |                               |               |                 |
| 6740 Top Gun Street                   |                                                                                                                                   |                        | January, 28 2003             |                      |            |                                                                         |                                |            |                                                                      |                            | Logics |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       | San Diaga                                                                                                                         |                        | treet)                       | 02121                |            |                                                                         |                                |            |                                                                      |                            | 5.     | Or                                        | Amendn<br>riginal<br>Ionth/Da                                                   |                                                                         |                                                                   | of                                                      | 7. | (Check Appl<br>X Form<br>Form fi | icab<br>file<br>iled | d by One Repo<br>by More than | orting Persor | ı               |
| _                                     | San Diego                                                                                                                         | CA                     | -)                           | 92121                |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    | Reporting Pe                     | 21501                | 1                             |               |                 |
|                                       | (City)                                                                                                                            | (Stat                  | e)                           | (Zip)                | Table I    | — Non-D                                                                 | erivative                      | Securitie  | s Acquir                                                             | ed, Dis                    | spose  | d of,                                     | or Bene                                                                         | ficiall                                                                 | y Ow                                                              | ned                                                     |    |                                  |                      |                               |               |                 |
|                                       | Title of Security (Instr. 3)                                                                                                      | rity Date, ii<br>:. 3) |                              | Deemed<br>Date, if a | any        |                                                                         | Transaction Code 4. (Instr. 8) |            | Securities Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |                            | 5.     | Seco<br>Ben<br>Own<br>Foll<br>Rep<br>Tran | nount of 6. curities neficially wned llowing ported ansaction(s) istr. 3 and 4) |                                                                         | Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of Indirect t Beneficial Ownership (Instr. 4) |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   | (Month Day/ Feat) (W   |                              | (WIOHUI)             | Jay/ Tear) |                                                                         | Code V                         |            |                                                                      | Amou                       |        | ount (A) or Pi<br>(D)                     |                                                                                 | Price                                                                   |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
| _                                     |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
| _                                     |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      | Table      | II — Der                                                                |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         | Owne                                                              | ed                                                      |    |                                  |                      |                               |               |                 |
| _                                     |                                                                                                                                   |                        |                              |                      |            | (e.g.,                                                                  | , puts, ca                     | lls, warra | nts, optio                                                           | ons, co                    | nver   | noie s                                    | securitie                                                                       | :s)                                                                     |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       | Title of Derivative Security 2. Conversion or Security Exercise Price of Derivative Security (Moreoversion of Derivative Security |                        | Transaction I<br>(Month/Day/ |                      | 3A.        | Date, if a                                                              | Execution<br>any<br>Day/Year)  |            |                                                                      | Trans<br>(Instr.           |        | ode                                       | S                                                                               |                                                                         | es A                                                              |                                                         |    | Date Exercis<br>Date (Month      |                      | piratior                      |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        | Code                                      | V                                                                               |                                                                         | (                                                                 | A)                                                      |    | (D)                              |                      | Date<br>Exercisable           |               | xpiratio<br>ate |
|                                       | Employee Stock<br>Option (Rights to I                                                                                             | Buy)                   | 4.35                         |                      | 1-28-03    |                                                                         |                                |            |                                                                      |                            |        | A                                         |                                                                                 |                                                                         | 6                                                                 | ,250                                                    |    |                                  |                      | (1) 2-28-03                   | 1-            | 28-13           |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
|                                       |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
| -                                     |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |
| -                                     |                                                                                                                                   |                        |                              |                      |            |                                                                         |                                |            |                                                                      |                            |        |                                           |                                                                                 |                                                                         |                                                                   |                                                         |    |                                  |                      |                               |               |                 |

| 7.                 | Title and Amount of Underlying Securities (Instr. 3 and 4)                                                                           |                                 |                                 | Price of Derivative<br>Security<br>(Instr. 5) | 9.         | Number of Derivative<br>Securities Beneficially<br>Owned Following<br>Reported Transaction(s)<br>(Instr. 4) | 10.      | Ownership Form of<br>Derivative Securities:<br>Direct (D) or Indirect (I)<br>(Instr. 4) | 11. | Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|--|
|                    | Title                                                                                                                                | Amount or Number of<br>Shares   | -                               |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    | Common Stock                                                                                                                         | 6,250                           |                                 | N/A                                           |            | 106,250                                                                                                     |          | D                                                                                       |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    |                                                                                                                                      |                                 | 0.1                             |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
| Exp                | lanation of Responses: (1) Em                                                                                                        | ployee Stock Options vest 1/4   |                                 | nonth from the date of grant.                 |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
| _                  |                                                                                                                                      | John F                          | raser                           |                                               |            |                                                                                                             | 01/30/03 |                                                                                         |     |                                                                |  |
| **Signature of Rep |                                                                                                                                      |                                 |                                 | erson                                         |            |                                                                                                             |          | Date                                                                                    |     |                                                                |  |
|                    | Reminder: Report on a sep                                                                                                            | curities be                     | neficially owned directly or in | directly.                                     |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    | * If the form is fi                                                                                                                  | led by more than one reporting  |                                 |                                               |            |                                                                                                             |          |                                                                                         |     |                                                                |  |
|                    | ** 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 copie                                                                                                               | es of this Form, one of which n | nust be ma                      | anually signed. If space is insu              | ıfficient, | see Instruction 6 for procedure.                                                                            |          |                                                                                         |     |                                                                |  |

http://www.sec.gov/divisions/corpfin/forms/form4.htm Last update: 09/05/2002