

TESI RAYMOND J  
Form 3  
March 05, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

**FORM 3**

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL  
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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

(Print or Type Responses) 1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement (Month/Day/Year)	4. Issuer Name and Ticker or Trading Symbol		
<b>Tesi Raymond J</b>			<b>5/4/97</b>	<b>SangStat Medical Corporation (SANG)</b>		
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		6. If Amendment, Date of Original (Month/Day/Year)
<b>c/o SangStat Medical Corporation 6300 Dumbarton Circle</b>				<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	
(Street)			<input checked="" type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)		7. Individual or Joint/Group Filing (Check Applicable Line)
<b>Fremont,</b>	<b>CA</b>	<b>94555</b>		<b>Vice President, Marketing</b>		
(City)	(State)	(Zip)				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I — Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<b>Common Stock</b>	<b>200</b>	<b>I</b>	<b>By self for daughter</b>

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 5(b)(v).

**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 control number.**

(Over)  
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