

Koehn Paul A  
 Form 3  
 February 25, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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		3. Issuer Name and Ticker or Trading Symbol	
Â Koehn Paul A			(Month/Day/Year)		REPLIDYNE INC [CSII]	
(Last)	(First)	(Middle)	02/25/2009		4. Relationship of Reporting Person(s) to Issuer	
651 CAMPUS DRIVE					(Check all applicable)	
(Street)					<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) VP of Manufacturing	
ST. PAUL, Â MN Â 55112					5. If Amendment, Date Original Filed(Month/Day/Year)	
(City)	(State)	(Zip)			6. Individual or Joint/Group Filing(Check Applicable Line)	
					<input checked="" type="checkbox"/> Form filed by One Reporting Person <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)
Common Stock	2,472	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

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				Shares		(I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	04/17/2017	Common Stock	35,585	\$ 8.83	D	Â
Stock Option (right to buy)	Â (2)	04/17/2017	Common Stock	1,294	\$ 8.83	D	Â
Stock Option (right to buy)	Â (3)	06/11/2017	Common Stock	16,175	\$ 7.9	D	Â
Stock Option (right to buy)	Â (4)	10/08/2017	Common Stock	12,940	\$ 7.9	D	Â
Stock Option (right to buy)	Â (5)	12/11/2017	Common Stock	32,350	\$ 12.15	D	Â
Warrant	02/25/2009	02/24/2014	Common Stock	940	\$ 8.83	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Koehn Paul A 651 CAMPUS DRIVE ST. PAUL, MN 55112	Â	Â	Â VP of Manufacturing	Â

## Signatures

/s/ John R. Remakel as Attorney-in-Fact for Paul Koehn pursuant to Power of Attorney filed herewith.

02/25/2009

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see 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).

- (1) Exercisable: 11,861 on 4/18/08 and 11,862 on 4/18/09 and 4/18/10.
- (2) Exercisable: 432 on 4/18/08 and 431 on 4/18/09 and 4/18/10.
- (3) Exercisable: 5,391 on 6/12/08 and 5,392 on 6/12/09 and 6/12/10.
- (4) Exercisable: 4,314 on 10/9/08 and 4,313 on 10/9/09 and 10/9/10.
- (5) Exercisable: 16,175 on 2/25/10 and 2/25/11.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.