FORM 4	4
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1	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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)									
1. Name and Address of Reporting Person [*] SAC HEALTHCO FUND LLC	2. Issuer Name a SONUS PHAF [954343413]			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director			
(Last) (First) (M C/O SAC CAPITAL ADVISORS, LL CUMMINGS POINT ROAD	Iddle)3. Date of EarliestJ.C, 7202/19/2004	Transaction	(Mo	nth/Day/	Year)				
(Street) STAMFORD, CT 06902	4. If Amendment,	Date Origina	ıl Fil	ed(Month/I	Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip) Ta	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
(Instr. 3) Date	asaction 2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securi (A) or D (Instr. 3, Amount	(A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership
Common Stock, par value \$0.001 per share							552,376	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numł	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security			Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr	. 3 and			Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) o							- F	or Indirect	
						Dispo							Transaction(s)		
						of (D)	·						(Instr. 4)	(Instr. 4)	
						(Instr	· · · ·								
						4, and	15)				-				
											Amount				
								Date	Evairation		or				
								Exercisable	Expiration Date	Title	Number				
								LACICISADIC	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SAC HEALTHCO FUND LLC C/O SAC CAPITAL ADVISORS, LLC 72 CUMMINGS POINT ROAD STAMFORD, CT 06902		Х				

Signatures

/s/ Peter Nussbaum	02/23/2004	
**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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.

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.