# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 0.5				

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

#### 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

1. Name and Address AVITAL REUVE	1 5			2. Issuer Name <b>and</b> Ticker or Trading Symbol EOPROBE CORP [NEOP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) 425 METRO PLA	CE NORTI	H, STE 400	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2009					(give title below	w)		(specify below	v)			
DUBLIN, OH 430	(Street)		4. If Amendment, Date Original Filed(Month/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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					ned							
Title of Security  2. Transaction Date (Month/Day/Yea		Date	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		lowing	Ownership Form: Be Direct (D)		Beneficial Ownership	
				Code	V	Amount	(A) or (D)	Price			or Indirect (I (I) (Instr. 4)		Ì	. 4)	
Common Stock		06/11/2009		P		22,300	Δ	\$ 0.95	140,000			D			
Common Stock									139,256			I	Mitta Inves Ltd.	ai stments	
Reminder: Report on indirectly.	a separate lin	e for each class of sec	curities beneficially	owned dir	ectly	or									
									41						
					COI	ntained i	in this i	form a	are not requently valid		spond (	unless		1474 (9- 02)	
			Derivative Securi	•	the	ntained i form di Disposed	in this is splays	form a a cur	are not requirently valid	uired to re I OMB con	spond (	unless		,	
1. Title of 2. Derivative Conversi or Exerci (Instr. 3) Price of Derivativ Security	se (Month/Da	tion 3A. Deemed Execution Execution Eap/Year) any	(e.g., puts, calls, v	5. Number of	red, I ption er 6. and er (M	ntained i form di Disposed	of, or B	form a a cur seneficicuritie 7. He Ai	rently validates) Title and mount of inderlying ecurities instr. 3 and	8. Price of Derivative Security	spond utrol nur	per of ve ve lally lally lation(s) (in the context of the context		02)	

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
AVITAL REUVEN 425 METRO PLACE NORTH STE 400 DUBLIN, OH 43017	X					

## **Signatures**

William J. Kelly, Jr., Attorney-In-Fact	06/12/2009
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.