FORM 4

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

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

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OMB APPROVAL

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

	onses)	*			m			L	5 D L .:	.: D	() (
1. Name and Addres SCHAEFFER PA	ss of Reporting Perso AUL M	on = 2. Issue Symbol NeuMed				er or Trad	ing		5. Relationship of R Issuer (Check X Director	eporting Perso all applicable)		
5200 ENCINO A	(First) (Middle VENUE	3. Date o (Month/I 08/09/2	Day/Yea		nsac	tion		<u>t</u>	Officer (give title below)		specify below)	
ENCINO, CA 91	(Street)	4. If Ame Filed(Mor			e Or	iginal		A	6. Individual or Join Applicable Line) _X_ Form filed by One R Form filed by More t	eporting Person		
(City)	(State) (Zip)	Table	I - Noi	n-Dei	rivat	tive Secur	ities A	Acqui	red, Disposed of, o	r Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	Coo			4. Securiti Acquired Disposed (Instr. 3, 4	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reporte	d Form:	7. Nature of Indirect Beneficial Ownership	
			Co	ode	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	08/09/2010		A	A		500,000	A	\$0	500,000	D		
Common Stock									500,000	I	By Self as Trustee for Paul and Judy Schaeffer Living Trust	
Reminder: Report or directly or indirectly.	n a separate line for e	each class of secu	ırities be	enefic	cially	owned						
					inf	formation	n cor resp	taine	nd to the collection and in this form are unless the form o	not	SEC 1474 (9-02)	
					cu	rrently v	alid	OMB	control number.			
		Derivative Secu		-	red,	Disposed	of, o	r Bene	eficially Owned			

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1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	rcisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	Expiration I	Date	of Underlyi	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	vative			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities						Owned	Security:	(Instr. 4)
	Security					Acqu	iired						Following	Direct (D)	
	,					(A) c	or						Reported	or Indirect	
						Disp	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Inst	r. 3,								
						4, an	d 5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				Code	v	(A)	(D)		Date		of Shares				
				Code		(11)	(D)								
Options	\$ 2.75							(1)	06/18/2018	Common	300.000		300,000	D	
Filono	÷ =170								20.20.20	Stock	2 2 3,000		2 3 3 ,000		

Reporting Owners

Penerting Owner Name / Address		Relationsh	ips	
Reporting Owner Name / Address		10% Owner	Officer	Other
SCHAEFFER PAUL M				
5200 ENCINO AVENUE	X			
ENCINO, CA 91316				

Signatures

/s/ Paul Schaeffer	08/20/2010
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).
- (1) One-third of the Options are immediately exercisable upon grant, an additional one-third shall vest on the first anniversary of the date of grant and the remainder shall vest on the second anniversary of the date of grant.

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.