February 17, 2009  OMB APPROVAL    FORM 5  UNITED STATES SECURITIES AND EXCHANGE COMMISSION Nonlonger subject  OMB Number:  2235-0362    Check this box if no longer subject  ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Soft Instruction  Similar Section 10(a) of the Securities Exchange Act of 1934, Form 4 of Form 3 of biging Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 a 30(h) of the Investment Company Act of 1940  Estimated average burden hours per response  1.0    1. Name and Address of Reporting Person 1 (has)  2. Issuer Name and Ticker or Trading Symbol CHINA SKY ONE MEDICAL, INC. (CSKI)  5. Relationship of Reporting Person(s) to Issuer  1.0    (Last)  (First)  (Middle)  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  3. Statement for Issuer's Fiscal Year Ended (Differt give tile Offert Give tile) Officer (give tile)  10/9 Owner (Month/Day/Year)    (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Reporting Person    (City)  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Reporting Person    (City)  (Street)  2. Decended Signification Action Date (Filed Sceurities Acquities Acquities Sceurites Acquites Acquites for Sceurities Acquited (Disposed of Sceurities Acquited (Dispos	Form 5												
Check this box if no longer subject to Section 16. Form 4 or Form soutiated for the Section 16 (a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1935 or Section Reported Form 4 and Address of Reporting Person <sup>*</sup> .  2. Issuer Name and Ticker or Trading Symbol  5. Relationship of Reporting Person(s) to Issuer  5. Relationship of Reporting Person(s) to Issuer    1. Name and Address of Reporting Person <sup>*</sup> .  2. Issuer Name and Ticker or Trading Symbol  5. Relationship of Reporting Person(s) to Issuer    1. Name and Address of Reporting Person <sup>*</sup> .  2. Issuer Name and Ticker or Trading Symbol  5. Relationship of Reporting Person(s) to Issuer    (Last)  (First)  (Middle)  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)										OMB A	PPROVAL		
Check this box if no longer subject  Washington, D.C. 20549  NULLER. Expires:  January 31, Expires:  January 31, Z005    Form 4 or Form solligations may continue.  ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  Estimated average burden hours per response  Estimated average burden hours per response  1.0    See Instruction (to).  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4  S. Relationship of Reporting Person(s) to Symbol    I. Name and Address of Reporting Person <sup>+</sup> .  2. Issuer Name and Ticker or Trading Symbol  S. Relationship of Reporting Person(s) to Issuer    Lata Jie  S. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)	FORM	-	STATES (	SECUR	ITIFS ANI	D FYCH	[ A NI	CF CO	MMISSION	OMB		62	
In Section 16.  ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Sobigations  Estimated average burden hours per response  1.0    So doligations  OWNERSHIP OF SECURITIES  Estimated average burden hours per response  1.0    So doligations  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported  1.9    1. Name and Address of Reporting Person 2 Chao Jie  2. Issuer Name and Ticker or Trading Symbol  5. Relationship of Reporting Person(s) to Issuer    2. Laster Name and Ticker or Trading CHINA SKY ONE MEDICAL, [CSKI]  5. Relationship of Reporting Person(s) to Issuer    (Last)  (First)  (Middle)  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)		JIAIES								January 3	31,		
1(b).  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported    1. Name and Address of Reporting Person * Zhao Jie  2. Issuer Name and Ticker or Trading Symbol  5. Relationship of Reporting Person(s) to Issuer    2. Issuer Name and XkY ONE MEDICAL, INC  [CHINA SKY ONE MEDICAL, [CSKI]  INC    (Last)  (First)  (Middle)    3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  -X_ Director below)  ING Other (give itile below)    C/O CHINA SKY ONE MEDICAL, INC., Â ROOM 1706, NO.30,DIWANG BLDG,GAN SHUL RD  4. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Reporting Person Form Filed by One Reporting Person Form Filed by One Reporting Person Form Filed by More than One Reporting Person    (City)  (State)  (Zip)  Table I - Non-Derivative Securities Acquired (Month/Day/Year)  5. Amount of 6. Owner ship 7. Nature of Security    (Instr. 3)  (Month/Day/Year)  3.  4. Securities Acquired (Month/Day/Year)  5. Amount of 6. Ownership 7. Nature of Security	Form 4 or Fo 5 obligations may continue	orm ANN s e.									Estimated average burden hours per		
Zhao Jie  Symbol  Issuer    CHINA SKY ONE MEDICAL, INC. [CSKI]  (Check all applicable)    (Last)  (First)  (Middle)  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)	1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsTransactions												
(Month/Day/Year) 12/31/2008  Officer (give titleOther (specify below)    C/O CHINA SKY ONE MEDICAL, INC.,, ROOM 1706, NO.30,DIWANG BLDG,GAN SHUI RD  A. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Reporting (check applicable line)    (Street)  4. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Reporting (check applicable line)    NANDANG DISTRICT, HARBIN, Â F4Â 150001  -X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person    (City)  (State)  (Zip)    Table I - Non-Derivative Securities Acquired Security  5. Amount of 6. Ownership  6. Ownership 7. Nature of Security    1. Title of Security  2. Transaction Date (Month/Day/Year)  3. Execution Date, if Code  4. Securities Acquired (D)  5. Amount of 8eneficially  6. Ownership 7. Nature of Security		dress of Reporting F		Symbol CHINA				]	lssuer				
C/O CHINA SKY ONE MEDICAL, INC.,, ROOM 1706, NO.30,DIWANG BLDG,GAN SHUI RD (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 5. Amount of the construction of the constructi	(Last) (First) (Middle)			(Month/Day/Year)				-	Officer (give title Other (specify				
Filed(Month/Day/Year)    Filed(Month/Day/Year)    Kurture Gregening Filed (Month/Day/Year)    NANDANG DISTRICT,HARBIN, F4 150001    C(ity)  (State)    (City)  (State)    (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of Security    1.Title of Security  2. Transaction Date (Month/Day/Year)    2. Transaction Date Security  2. Transaction Date (Month/Day/Year)    3.  4. Securities Acquired (A) or Disposed of Securities  6. Ownership    7. Nature of Security  Securities Acquired (Month/Day/Year)    8.  (Instr. 3, 4 and 5)    9.  Owned at end	INC.,, ROO NO.30,DIWA	M 1706,	DICAL,	12/31/2									
X_ Form Filed by One Reporting Person    Grity (City)  (State)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned    1.Title of Security  2. Transaction Date  2A. Deemed  3.  4. Securities Acquired  5. Amount of  6. Ownership  7. Nature of    I.Title of Security  2. Transaction Date  2A. Deemed  3.  4. Securities Acquired  5. Amount of  6. Ownership  7. Nature of    I.Title of Security  0.00000000000000000000000000000000000													
1.Title of Security2. Transaction Date2A. Deemed3.4. Securities Acquired5. Amount of Securities6. Ownership7. Nature of Indirect(Instr. 3)(Month/Day/Year)Execution Date, if anyTransaction Code(A) or Disposed of (D)SecuritiesForm: Direct BeneficiallyIndirect(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)Owned at endIndirect (I)Ownership	DISTRICT,HARBIN, F4 150001 Form Filed by One Reporting Person Form Filed by More than One Reporting												
Security (Instr. 3)(Month/Day/Year)Execution Date, if anyTransaction Code(A) or Disposed of (D)Securities BeneficiallyForm: DirectIndirect Beneficially(Instr. 3)(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)Owned at endIndirect (I)Ownership	(City)	(State)	(Zip)	Table	e I - Non-Deri	vative Sec	curitie	es Acqu	ired, Disposed of	, or Beneficial	ly Owned		
(A) or Amount (D) Fiscal Year (Instr. 3 and 4)	Security (Instr. 3)		Execution any	Date, if	Transaction Code	(A) or Di (D) (Instr. 3,	4 and (A) or	d of 5)	Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	Form: Direct (D) or	Indirect Beneficial		
Common 07/15/2008 Â A 1,088 A <sup>\$</sup> 1,088 D Â Stock		07/15/2008	Â		А	1,088	А	\$ 10.5	1,088	D	Â		

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

Zhao Jie

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. SEC 2270 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D So B O E I S F i (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
· · · · · ·		Director	10% Owner	Officer	Other			
Zhao Jie C/O CHINA SKY ONE M ROOM 1706, NO.30,DIW NANDANG DISTRICT,H	ANG BLDG,GAN SHUI RD	X	Â	Â	Â			
Signatures								
/s/ Zhao Jie	02/17/2009							

\*\*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 provided 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.