

AtheroNova Inc.  
Form 3  
June 21, 2013

**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)

<p>1. Name and Address of Reporting Person *</p> <p>EUROPA INTERNATIONAL INC</p> <p>(Last) (First) (Middle)</p> <p>C/O KNOLL CAPITAL MANAGEMENT, L.P., 5 EAST 44TH STREET, SUITE 12</p> <p>(Street)</p> <p>NEW YORK, NY 10017</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>06/17/2013</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>AtheroNova Inc. [AHRO.OB]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) See Remarks</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	---	---	---	---

**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	2,200,844	D	

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	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial
---	---	--	---------------	--------------	----------------------------------

Edgar Filing: AtheroNova Inc. - Form 3

	(Month/Day/Year)		Derivative Security (Instr. 4)		or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrants to Purchase Common Stock	05/13/2010	05/13/2014	Common Stock	636,266	\$ 0.393	D	Â
Warrants to Purchase Common Stock	04/25/2011	04/25/2014	Common Stock	60,000	\$ 0.6	D	Â
2.5% Senior Secured Convertible Note	05/13/2010	05/12/2014	Common Stock	1,596,062	\$ 0.29	D	Â
2.5% Senior Secured Convertible Note	09/04/2012	09/03/2016	Common Stock	882,423	\$ 0.29	D	Â
2.5% Senior Secured Convertible Note	10/01/2012	09/30/2016	Common Stock	587,484	\$ 0.29	D	Â
2.5% Senior Secured Convertible Note	10/31/2012	10/30/2016	Common Stock	881,226	\$ 0.29	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
EUROPA INTERNATIONAL INC C/O KNOLL CAPITAL MANAGEMENT, L.P. 5 EAST 44TH STREET, SUITE 12 NEW YORK, NY 10017	Â	Â	Â	See Remarks

## Signatures

/s/ Fred Knoll, Principal of Knoll Capital Management, L.P., Investment Manager 06/19/2013

\_\_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).

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.