### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to
$\Box$	Section 16. Form 4 or Form 5 obligations may continue. See
$\cup$	obligations may continue. See

1. Name and Address of Reporting Person\* BlueLine Partners II, LLC

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden rs per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	tion 1(b).	nuc. Scc		Fil	ed purs	uant	to Section	on 16(a	a) of the	se Se	curitie	es Exchan	ge Ad	t of 193	34			Hours	per r	esponse.	0.
					or	Secti	on 30(h)	of the	Investr	nen	Con	npany Act									
In the line and reduces of responding recision				2. Issuer Name <b>and</b> Ticker or Trading Symbol  IRIDEX CORP [ IRIX ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
BlueLine Capital Partners II, L.P.								_							Dire			X 10% C			
(Last) (First) (Middle) 3. D						st Tran	saction	(Mc	nth/E	Day/Year)					belo	er (give title w)		Other below	(specify )		
319 DIA	BLO ROA	D			09/	/15/2	2010														
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(Stroot)					-   4. 11	AIII	enameni	., Date	oi Origi	mai	Fileu	(Month/Da	ay/ Ye	ar)		ine)		or Joint/Group			
(Street)  DANVII	LLE C	A	94526													v		n filed by One n filed by Mo			
					-											X	Pers				
(City)	(S	tate)	(Zip)																		
		Tab	le I - No	n-Deri	vative	Se	curitie	es Ac	quire	d,	Disp	osed o	of, o	Ben	efici	ally	Own	ed			
1. Title of S	Security (Ins	tr. 3)		2. Tran Date	saction							4. Securities Acquired (A)					ount of	6. Ownership Form: Direct	7. Nature		
					/Day/Ye	ar)	Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.				. <b>3</b> , 4 a	iiu	Securities Beneficially Owned Following		(D)	(D) or Indirect (I) (Instr. 4)	of Indired Beneficia Ownersh	
							(	Ė	Code V		Amount (A)		(A) or (D)	Price		Reported Transaction(s)		,	(Instr. 4)		
									+	-	<u> </u>		_				È	3 and 4)			
СОММО	N STOCK			09/1	5/2010	0			F			8,000	)	D	\$2	2.8	2,4	491,815		D <sup>(1)</sup>	
СОММО	N STOCK			09/1	5/2010	/2010			F	<u> </u>		5,400	)	D	\$2	.75	2,497,215			D <sup>(2)</sup>	
СОММО	N STOCK			09/1	7/2010	0			F			10,885		D	\$3		2,508,100			D <sup>(3)</sup>	
		Т	able II - I	Deriva	tive S	ecu	ırities	Acqı	ired,	Di	spo	sed of,	or E	enefi	ciall	y O	wned				
	1.	1	_			calls	_					onvertib	1		ties)	_		I	.		T
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution		Date, Transact		n of	ımber	Expira	6. Date Exercisable a Expiration Date		•	Amo	tle and		Deri	rice of vative	9. Number of derivative	of	Ownership	11. Natur of Indire Beneficia
Security or Exercis (Instr. 3) Price of Derivative		(Month/Day/Year)	if any (Month/Da	ay/Year)	Code ( 8)	(instr	r. Derivative Securities Acquired		(WIOTI	(Month/Day/Ye		ar)	Und	urities erlying vative	g (Inst			Securities Beneficially Owned		Form: Direct (D) or Indirect	Ownersh (Instr. 4)
	Security						(A) o							urity (In	str. 3			Following Reported		(I) (Instr. 4)	(5 4)
							of (D) (Instr. 3, 4						,					Transaction(s) (Instr. 4)	(s)		
					<u> </u>		and !	5) T			_										
														or	ount nber						
					Code	v	(A)	(D)	Date Exerc	isab		Expiration Date	Title	of							
1. Name ar	nd Address o	Reporting Person	*													_		1			
BlueLi	ne Capita	<u>ıl Partners II,</u>	<u>L.P.</u>																		
						-															
(Last)	DI O DO A	(First)	(Midd	dle)																	
319 DIA STE 200	BLO ROA	D																			
JIE 200						_															
(Street)																					
DANVII	LLE	CA	9452	26																	
(City)		(State)	(Zip)																		
1. Name ar	nd Address o	f Reporting Person	*																		
		<u>l Partners, L.</u>																			
						_															
(Last)		(First)	(Midd	dle)																	
	BLO ROA	D																			
STE 200						_															
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DANVII	LLE	CA	9452	26																	
(City)		(State)	(Zip)			_															
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(Last)	(First)	(Middle)							
319 DIABLO ROA STE 200	D								
(Street)									
DANVILLE	CA	94526							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>BlueLine Capital Partners III, LP</u>									
(Last) 319 DIABLO ROA	(First)	(Middle)							
STE 200									
(Street) DANVILLE	CA	94526							
(City)	(State)	(Zip)							
Name and Address of Reporting Person*     BlueLine Catalyst Fund IX, L.P.									
(Last)	(First)	(Middle)							
319 DIABLO ROA STE 200	D								
(Street) DANVILLE	CA	94526							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  BlueLine Partners, L.L.C.									
(Last)	(First)	(Middle)							
319 DIABLO ROA STE 200	D								
(Street) DANVILLE	CA	94526							
(City)	(State)	(Zip)							

## Explanation of Responses:

- 1. These securities were owned by BlueLine Capital Partners II, L.P.
- 2. These securities were owned by BlueLine Capital Partners III, L.P.  $\,$
- 3. These securities were owned by BlueLine Catalyst Fund IX, L.P.

#### Remarks:

Scott A. Shuda, by power of attorney for all other reporting persons

Scott A. Shuda

09/17/2010

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

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 Number.