FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20049 | |
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| l | UMB APPRO | JVAL | | | | |
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| | OMB Number: | 3235-0287 | | | | |
| | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|--|---|--------------------|---|---------|--|---|---|-------------------|--|--------|------------------|--|---|---|--------------------------------------|---|--|---|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol IRIDEX CORP [IRIX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>DONOVAN JAMES L</u> | | | | 1 | | 221 00 | 111 | [IIIII] | | | | | X Director | | | 10% Ov | /ner | |
| (Last) (First) (Middle) | | | | | 3. [| Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X Office below | r (give title | | Other (s below) | pecify |
| 1212 TERRA BELLA AVENUE | | | | | 07/01/2006 | | | | | | | | VP, Corp Business Development | | | | | |
| 1212 TERRA BELLA AVENUE | | | | | | | | | | | | | | | • | | • | |
| (Street) | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| MOUNTAIN CA 94043 | | | | | | | | | | | - 1 | ine) X Form filed by One Reporting Person | | | | | | |
| VIEW | Q. | | 54045 | | | | | | | | | | | | • | | • | |
| | | | | - | | | | | | | | | Form filed by More than One Reporting Person | | | | ung | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | vative | e Se | curitie | s A | cquired, C | isp | osed o | f, or Bei | neficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | | Code (Instr. 5) | | | | | | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | | Amount | nt (A) or (D) | | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| | | - | | | | | | | quired, Dis s, options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution D. if any (Month/Day/ | Date, | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | e and 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | Co | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amount or Number of Shares | | | | | |
| Stock Option Right to Buy ⁽¹⁾ | \$9.79 | 07/01/2006 | | | A | | 5,000 | | 08/01/2006 ⁽²⁾ | 07 | 7/01/2013 | Common Stock | 5,000 | \$0 | 5,000 |) | D | |

Explanation of Responses:

- 1. This option was granted pursuant to IRIDEX Corporation's incentive 1998 Stock Plan and is exempt pursuant to Rule 16b-3.
- 2. The shares shall vest ratably over a 12 month period.

Remarks:

s/s Susan Bruce, Attorney-in-Fact for James L. Donovan

07/05/2006

** Signature of Reporting Person

Date

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

- * 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.