Wei Lee William Form 3 February 03, 2010

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

OMB APPROVAL

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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)

1. Name and Address of Reporting

Person *

Wei Lee William

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

09/24/2009

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

CHINA SKY ONE MEDICAL, INC. [CSKI]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Form filed by More than One

Filed(Month/Day/Year)

C/O CHINA SKY ONE MEDICAL, INC., NO. 2158 NORTH XIANG AN RD. SONG **BEI DIS**

(Street)

(Check all applicable)

10% Owner _X_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group

Person

Reporting Person

HARBIN, HEILONGJIANG PROVINCE. F4Â 150028

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Form:

Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

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

(Instr. 4)

1. Title of Derivative Security

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. 5. Ownership Conversion or Exercise Form of Price of

Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative

Security:

(Instr. 4)

1

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Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Wei Lee William

C/O CHINA SKY ONE MEDICAL, INC. NO. 2158 NORTH XIANG AN RD, SONG BEI DIS HARBIN, HEILONGJIANG PROVINCE, F4Â 150028

X Â Â Â

Signatures

/s/ William Wei

02/03/2010

**Signature of Reporting Person

Lee

Date

Explanation of Responses:

No securities are beneficially owned

- * 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).

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Remarks:

As of September 24, 2009, the Reporting Person was appointed to the Issuer's Board of Directors. Â Person did not beneficially own any securities of the Issuer.

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.

Reporting Owners 2