

Hilliard Eric
 Form 4
 April 30, 2007

FORM 4

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

OMB APPROVAL

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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).

STATEMENT OF CHANGES IN 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 *
 Hilliard Eric

2. Issuer Name and Ticker or Trading Symbol
 FIBERSTARS INC /CA/ [FBST]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 32000 AURORA RD
 (Street)

3. Date of Earliest Transaction
 (Month/Day/Year)
 04/26/2006

____ Director
 Officer (give title below) _____ Other (specify below)
 CHIEF OPERATIONAL OFFICER

SOLON, OH 44139
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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

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 1474
 (9-02)

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8.
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(Instr. 3) Price of Derivative Security	(Month/Day/Year)	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 6.36	03/26/2007	A		50,000		<u>(1)</u>	<u>(2)</u>	COMMON STOCK	50,000

Reporting Owners

Reporting Owner Name / Address	Relationships								
Hilliard Eric 32000 AURORA RD SOLON, OH 44139	<table border="0"> <tr> <td style="padding-right: 20px;">Director</td> <td style="padding-right: 20px;">10% Owner</td> <td style="padding-right: 20px;">Officer</td> <td style="padding-right: 20px;">Other</td> </tr> <tr> <td colspan="4" style="text-align: center;">CHIEF OPERATIONAL OFFICER</td> </tr> </table>	Director	10% Owner	Officer	Other	CHIEF OPERATIONAL OFFICER			
Director	10% Owner	Officer	Other						
CHIEF OPERATIONAL OFFICER									

Signatures

/s/ ERIC
HILLIARD 04/30/2007

 __Signature of Date
Reporting Person

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).
- (1) Exercisable when vested, vests in 1/4 after one year, balance in 36 equal installments commencing one month from the first anniversary date of the grant, becoming fully exercisable on 4/26/2011.
 - (2) Expires on 4/25/2017 or when Eric Hilliard ceases to serve as an employee of Fiberstars, Inc. if earlier.

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.