OMNICELL INC /CA/ Form SC 13G/A May 06, 2004

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934 (Amendment No. 1)*

OMNICELL, INC/CA
----(Name of Issuer)

COMMON STOCK
-----(Title of Class of Securities)

68213N109 -----(CUSIP Number)

APRIL 14, 2004

(DATE OF EVENT WHICH REQUIRES FILING OF THIS STATEMENT)

Check the following box if a fee is being paid with this statement / /. (A fee is not required only if the filing person:

- (1) has a previous statement on file reporting beneficial ownership of more than five percent of the class of securities described in Item 1; and
- (2) has filed no amendment subsequent thereto reporting beneficial ownership of five percent or less of such class.) (See Rule 13d-7).
- [x] RULE 13d-1(b)
- [] RULE 13d-1(c)
- [] RULE 13d-1(d)

*The remainder of this cover shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

1. NAME OF REPORTING PERSON Veredus Asset Management, LLC] S.S. or I.R.S. IDENTIFICATION NO. OF ABOVE PERSON 61-1350302 2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) (b) 3. SEC USE ONLY 4. CITIZENSHIP OR PLACE OF ORGANIZATION COMMONWEALTH OF KENTUCKY 5. SOLE VOTING POWER NUMBER OF SHARES BENEFICIALLY 6. SHARED VOTING POWER OWNED BY 7. SOLE DISPOSITIVE POWER EACH REPORTING PERSON WITH 8. SHARED DISPOSITIVE POWER 9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 0 (A) 10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES* 11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 0.0% 12. TYPE OF REPORTING PERSON* ΙA (A) This Amendment has Been Filed to Report Decrease in Ownership to Zero. Cusip No. 68213N109 13G Page 3 of 5 Pages Schedule 13G Additional Information 1. (a) Name of Issuer: OMNICELL, INC./CA (b) Address of Issuer's Principal Executive Offices:

1101 EAST MEADOW DRIVE PALO ALTO, CA 94303

2. (a)	Name of Person Filing: VEREDUS ASSET MANAGEMENT, LLC An Advisors Act of 1940	ı Investment Advisor Reg	istered under the
(b)	Address of Principal Business Of 6060 Dutchmans Lane, Suite 320 Louisville, KY 40205	fice for Each of the Ab	ove:
(c)	Citizenship: US Organized in the Commonwea	llth of Kentucky	
(d)	Title of Class of Securities: COMMON STOCK		
(e)	CUSIP Number: 68213N109		
<pre>3. If this statement is filed pursuant to Rule 13d-1(b), or 13d-2(b). The person filing is a: [E] An investment adviser in accordance with ss240.13d-1(b)(1)(ii)(E).</pre>			
(a) (b)	nership: Amount Beneficially Owned: Percent of Class: Number of shares as to which such (i) sole power to vote or to (ii) shared power to vote or to (iii) sole power to dispose or disposition of (iv) shared power to dispose or	direct the vote o direct the vote to direct the	0 0% 0 0 0 tion of
(A) Certain clients have retained the voting power on these shares.			
5. Ownership of Five Percent or Less of a Class: [X]			
6. Ownership of More than Five Percent on Behalf of Another Person:			
7. Subsidiary			
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- 8. Identification and Classification of Members of the Group:
- 9. Notice of Dissolution of Group:

10. Certification:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

May 6, 2004 -----Date:

JAMES R. JENKINS

Signature

VICE PRESIDENT AND
CHIEF OPERATING OFFICER
----Name/Title

Cusip No. 00437P107

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The original statement shall be signed by each person on whose behalf the statement is filed or his authorized representative. If the statement is signed on behalf of a person by his authorized representative other than an executive officer or general partner of the filing person, evidence of the representative's authority to sign on behalf of such person shall be filed with the statement, provided, however, that a power of attorney for this purpose which is already on file with the Commission may be incorporated by reference. The name and any title of each person who signs the statement shall be typed or printed beneath his signature.

NOTE: Six copies of this statement, including all exhibits, should be filed with the Commission.

ATTENTION: INTERNATIONAL MISSATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS (SEE 18 U.S.C. 1001)