FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to	
m 4 or Form 5	
continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden

Section	16. Form 4 or lons may contin		STA		ed pur	rsuant	t to Se	ection 10	6(a)	of the S	ecuri	NEFIC ties Excha mpany A	ange A	ct of 1		RSF	IIP	Estin	Numbe nated av s per res	erage burd	3235-0287 en 0.5		
							Issuer Name and Ticker or Trading Symbol MERIGON INC [ARGN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 949 SOUTH COAST DRIVE #650						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2006											Officer (give title X Other (specify below) Beneficial Owner						
(Street) COSTA MESA CA 92626																	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St	•	(Zip)																				
Date (Month/Day/Year) i						2A. Deemed Execution Date, if any (Month/Day/Year			3. Transac Code (Ir 8)	4. Secur	sed of, or Benefic Securities Acquired (A) o Sposed Of (D) (Instr. 3, 4				5. Amount of		6. Owr Form: (D) or (I) (Ins	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	nt (A) or Pri			•	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 06/1					/2006	6				С		1,343,	,283	A (1		.)	2,797,498		I		See Footnote ⁽²⁾		
			Table II -									osed o				•	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	I. Fransa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		Date		7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		nderlyin ecurity		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4)	re es ally ng d tion(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
				,	Code	v	(A)	(D)	Da: Exc	te ercisable		cpiration ate	Title	l N	Amount of Number of Shares								
Series A Convertible Preferred Stock	(3)	06/12/2006			С			2,250		(3)		(3)	Comn Stoc		1,343,2	.83	(1)	0		I	See Footnote ⁽²⁾		
	d Address of I	Reporting Person*																					
(Last) (First) (Middle) 949 SOUTH COAST DRIVE #650																							
(Street)						_																	

(Last) (First) (Middle) 949 SOUTH COAST DRIVE #650 (Street) 92626 **COSTA MESA** CA

92626

(Zip)

(Zip)

CA

(State)

1. Name and Address of Reporting Person* **WESTAR CAPITAL II LLC**

(City) (State) **Explanation of Responses:**

COSTA MESA

(City)

- 1. 2,250 shares of Series A Convertible Preferred Stock were converted into Common Stock at a rate of 1,000/1.675 per share and no consideration or purchase price was required or paid.
- 2. George Argyros controls Westar Capital II LLC, which holds the reported securities which currently consitute a greater than 10% beneficial ownership interest of the issuer's outstanding shares of common stock. Mr. Argyros disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.
- 3. Each share of Series A Convertible Preferred Stock was convertible into a number of shares of Common Stock equal to 1,000/1.675, and had no expiration date.

George L. Argyros 06/13/2006 Westar Capital By: John Clark 06/13/2006 Date

** Signature of Reporting Person

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.