

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person * ZIDELL ALVIN		2. Issuer Name and Ticker or Trading Symbol MEDICAL DISCOVERIES INC [MLSC]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
(Last) (First) (Middle) C/O MEDICAL DISCOVERIES, INC., 738 ASPENWOOD LANE		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2001			
(Street) TWIN FALLS, ID 83301		4. If Amendment, Date Original Filed (Month/Day/Year)		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
(City) (State) (Zip)		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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)				Price
Common Stock	06/13/1994		P		10,000	A	\$ 4.625	10,000	D	
Common Stock	06/13/1994		P		5,000	A	\$ 4.625	15,000	D	
Common Stock	11/10/1999		P		17,500	A	\$ 0.375	32,500	D	
Common Stock	02/24/2000		A		50,000	A	\$ 0	82,500	D	
Common Stock	06/08/2001		A		49,562	A	\$ 0	132,062	D	

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Employ Stock Option (right to buy)	\$ 0.25	01/01/1993		A		350,000		01/01/1993	10/13/2012	Common Stock	350,000	\$ 0	350,000	D	
Employ Stock Option (right to buy)	\$ 0.25	01/31/1996		A		200,000		01/31/1996	12/31/2012	Common Stock	200,000	\$ 0	550,000	D	
Employ Stock Option (right to buy)	\$ 0.25	10/13/1999		A		100,000		10/13/1999	10/12/2012	Common Stock	100,000	\$ 0	650,000	D	
Employ Stock Option (right to buy)	\$ 0.05	10/28/2003		A		100,000		10/28/2003	10/27/2013	Common Stock	1,000,000	\$ 0	750,000	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ZIDELL ALVIN C/O MEDICAL DISCOVERIES, INC. 738 ASPENWOOD LANE TWIN FALLS, ID 83301	X			

Signatures

Alvin Zidell		03/15/2004
<small>**Signature of Reporting Person</small>		<small>Date</small>

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).

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.