FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	DVAL
	OMB Number:	3235-0287
l	Estimated average burd	len
	hours per response:	0.5

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

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

1. Name and Address of Reporting Person* CAPITAL SOUTHWEST CORP				Issuer Name and Ticker or Trading Symbol Heelys, Inc. [HLYS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 12/13/2006							Offic below	er (give title			Owner r (specify v)		
SUITE 7	00				4. If	Ameno	dment,	Date o	of Origina	al File	d (Month/Da	ay/Year)				r Joint/Grou	up Fili	ng (Check	Applicable
(Street)	5 TX	S 5	75230											Line)	Forn	n filed by Or n filed by Mo on			
(City)	(St	ate) (Zip)																
		Tabl	e I - No	on-Deriv	ative	Secu	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benef	icially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and !			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	or Pri	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock	1 2/13/2006				See Footnote ⁽²⁾													
		Та	ıble II -								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transac Code (I 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Shares	er					
		Reporting Person*	RP																

1. Name and Address	s of Reporting Pers	on	
CAPITAL SO	UTHWEST (CORP	
,			
(Last)	(First)	(Middle)	
12900 PRESTON	ROAD		
SUITE 700			
(Street)			
DALLAS	TX	75230	
(City)	(State)	(Zip)	
 Name and Address 	s of Reporting Person	on [*]	
	s of Reporting Person		
		on* VENTURE CORP	_
			_
CAPITAL SO	UTHWEST V	VENTURE CORP	_
(Last)	UTHWEST V	VENTURE CORP	_
(Last) 12900 PRESTON	UTHWEST V	VENTURE CORP	_
(Last) 12900 PRESTON SUITE 700	UTHWEST V	VENTURE CORP	_
(Last) 12900 PRESTON SUITE 700 (Street)	(First) ROAD	(Middle)	_

Explanation of Responses:

- $1. The reported transaction resulted in net proceeds of \$19.53 \ per share after deduction of a 7\% \ underwriting \ commission.$
- 2. These shares are owned directly by Capital Southwest Venture Corporation, which is a wholly owned subsidiary of Capital Southwest Corporation. Capital Southwest Corporation is an indirect beneficial owner of the reported shares.

President

** Signature of Reporting Person

Date

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.