Edgar Filing: AMEDISYS INC - Form 4

| AMEDISYS | S INC | | | | | | | | | |
|---|----------------------|----------------------------|---------------------------------|-----------------------------|--------|---|---|---------------------------------------|------------------------|--|
| Form 4 | | | | | | | | | | |
| February 27 | , 2006 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMB APPROVAL | | | |
| | UNITED | | Vashingtor | | | ANGE U | OMMISSION | OMB Number: | 3235-0287 | |
| Check th | nis box | | asingtoi | I, D.C. 20 | 5547 | | | | January 31, | |
| if no lon | ANGES IN | NGES IN BENEFICIAL OWNERSH | | | | Expires: | 2005 | | | |
| subject t Section | 0 | | | SECURITIES | | | | Estimated average burden hours per | | |
| Form 4 of | | | | | | | | response 0.5 | | |
| Form 5 | - | suant to Section | | | | - | | | | |
| obligatio may con | | | • | • | - | • | 1935 or Section | l | | |
| See Instr | | 30(h) of th | e Investmen | it Compa | ny A | ct of 1940 | 0 | | | |
| 1(b). | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | |
| (i iiii oi i jpe | responses) | | | | | | | | | |
| 1. Name and A | Address of Reporting | Person <u>*</u> 2. I | suer Name ar | d Ticker of | r Trad | ing | 5. Relationship of 1 | Reporting Pers | son(s) to | |
| WASHBUI | RN DONALD A | Syml | | - | | | Issuer | | | |
| | | | MEDISYS INC [AMED] | | | | (Chaok all applicable) | | | |
| | | | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | |
| (Month | | | (Month/Day/Year) 02/27/2006 | | | _X_ Director | 10% | Owner | | |
| | | | | | | Officer (give titleOther (specify below) below) | | | | |
| | (Streat) | 4 16 | | | | | | | | |
| | | | - | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| | | | • • | | | | _X_ Form filed by One Reporting Person | | | |
| BATON RO | OUGE, LA 70816 | 5 | | | | | Form filed by Me Person | ore than One Re | porting | |
| (C :t ₁) | (84-4-) | (7:) | | | | | | | | |
| (City) | (State) | (Zip) | Table I - Non- | Derivative | Secu | rities Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | | 3. | Transaction Disposed of (D) | | | | 6. | 7. Nature of | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, | if Transacti Code | | | | Securities Beneficially | Ownership Form: | Indirect Beneficial | |
| (11180.5) | | any (Month/Day/Yea | | (111501. 5, | 4 anu | 5) | Owned | Direct (D) | Ownership | |
| | | `` ` | , , , , | | | | Following | or Indirect | (Instr. 4) | |
| | | | | | (A) | | Reported Transaction(s) | (I) (Instr. 4) | | |
| | | | ~ | | or | | (Instr. 3 and 4) | (111501.4) | | |
| Common | | | Code V | Amount | (D) | Price \$ | . , | | | |
| Stock | 02/27/2006 | | Р | 5,000 | А | ه 31.4598 | 9,197 | D | | |
| Stock | | | | | | 51.1590 | | | | |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. orNumber | 6. Date Exer Expiration D | | 7. Title and Amount of | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|-------------------------|--------------------|---------------------|------------------------------|--------------------|--|---------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | of (Month/Day/Year) | | | Underlying Securities (Instr. 3 and 4) | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D |) Date Exercisable | Expiration Date | Title Amoun or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | ess | Relationships | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| WASHBURN DONALD A 11100 MEAD ROAD SUITE 300 BATON ROUGE, LA 70810 | X 5 | | | | | | | |
| Signatures | | | | | | | | |
| Donald A Washburn | 02/27/2006 | | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | |

<u>**</u>Signature of 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).

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.