Edgar Filing: NOVAMED INC - Form 4

NOVAMED	INC										
Form 4											
January 16, 2	2007										
FORM	14									PPROVAL	
	UNITEI	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANC						CIA	L OW	NERSHIP OF	Estimated a	2009 average	
Section 16.					ITIES			burden hours per			
	Form 4 or								response 0.5		
Form 5 obligatior	1 0						-	ge Act of 1934,			
may conti <i>See</i> Instru 1(b).	inue. Section 1		of the Inv	•	•	· ·		f 1935 or Sectio 40	n		
(Print or Type R	Responses)										
HALL THOMAS S Sym NO			Symbol	Name and IED INC			Ig	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
					-	-]					
(Last)	(First)	(Middle)		Earliest Tra	ansaction			X Director	100	o Owner	
980 N. MIC 1620	HIGAN AVE,	SUITE	(Month/Da 01/14/20	-				X Officer (give below)		er (specify	
	(Street)		4 If Amer	ndment, Dat	e Original					ng(Check	
				th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO,	IL 60611								Aore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactic Code (Instr. 8) Code V	on(A) or D (D) (Instr. 3,	ispose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	01/14/2007			F	2,013	D (1)	\$ 7.02	229,274	D		

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 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. Transac Code (Instr. 8	ction 8)	5. nNuml of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	vative rities nired or osed)) r. 3,			Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 6.49							<u>(2)</u>	11/14/2015	Common Stock	250,000 (2)	
Stock Options (right to buy)	\$ 7.28							<u>(3)</u>	11/14/2016	Common Stock	125,000	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HALL THOMAS S 980 N. MICHIGAN AVE, SUITE 1620 CHICAGO, IL 60611	Х		President & CEO					
Signatures								
/s/ John Lawrence by Power of Attorney	01/16	5/2007						
**Signature of Reporting Person	E	Date						

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).
- Represents the disposition of shares to the Issuer to fund the Reporting Person's tax withholding obligations relating to the vesting (1) on 1/14/07 of 5,208 shares of a restricted stock award, as permitted pursuant to the terms of the award.
- Subject to certain restrictions, 31,250 of these options vested on 5/14/06 with the remainder vesting approximately 5,208 per (2)month starting on 6/14/06.
- Subject to certain restrictions, 15,625 of these options will vest on 5/14/07, with the remainder vesting 2,604 per month starting on (3) 6/14/07.

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.