Ginn Scott G Form 4 April 04, 2012

### FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Ginn Scott G |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer  |  |  |  |
|--|---------|----------|--|---|--|--|--|
|  |         |          | AMEDISYS INC [AMED]                                | (Check all applicable)  |  |  |  |
| (Last)   | (First) | (Middle) | 3. Date of Earliest Transaction                    |   |  |  |  |
|  |         |          | (Month/Day/Year)                                   | Director 10% Owner  |  |  |  |
| 5959 S. SHERWOOD FOREST BLVD.                          |         |          | 04/02/2012   | _X_ Officer (give title _X_ Other (spectibelow) below)  Principal Accounting Officer / SVI  Accounting & Controller |  |  |  |
| (Street)   |         |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check   |  |  |  |
|  |         |          | Filed(Month/Day/Year)                              | Applicable Line)  X. Form filed by One Reporting Person   |  |  |  |

#### BATON ROUGE, LA 70816

(04-4-)

| nendment, Date Original | 6. Individual or Joint/Group Filing(Check  |
|-------------------------|--|
| Ionth/Day/Year)         | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |
|                         |  |

| (City)                               | (State)                                 | Tabl               | e I - Non-D | erivative  | Secur            | ities Acq   | uired, Disposed o  | f, or Beneficial   | ly Owned  |
|--------------------------------------|---|--------------------|-------------|--|------------------|-------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | on Date 2A. Deemed |             | 3. 4. Securities Acquire<br>Transaction(A) or Disposed of (I<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8) |                  |             | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                      |   |                    | Code V      | Amount   | (A)<br>or<br>(D) | Price       | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   |  |   |
| Common<br>Stock                      | 04/02/2012                              |                    | F           | 1,448<br>(1)   | D                | \$<br>14.46 | 14,722   | D  |   |
| Common<br>Stock                      | 04/02/2012                              |                    | A           | 3,606  | A                | \$ 0        | 18,328   | D  |   |
| Common<br>Stock                      |   |                    |             |  |                  |             | 1,109  | I  | Through<br>401(k)<br>Plan                             |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

#### Edgar Filing: Ginn Scott G - Form 4

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)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.         | 6. Date Exerc   | cisable and | 7. Title a   | and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------------|------------|-----------------|-------------|--------------|--------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |            | Expiration Date |             | Amount       | of     | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code              | of         | (Month/Day/     | Year)       | Underly      | ing    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivative | e               |             | Securitie    | es     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |                   | Securities |                 |             | (Instr. 3    | and 4) |             | Owne   |
|             | Security    |                     |                    |                   | Acquired   |                 |             |              |        |             | Follo  |
|             |             |                     |                    |                   | (A) or     |                 |             |              |        |             | Repo   |
|             |             |                     |                    |                   | Disposed   |                 |             |              |        |             | Trans  |
|             |             |                     |                    |                   | of (D)     |                 |             |              |        |             | (Instr |
|             |             |                     |                    |                   | (Instr. 3, |                 |             |              |        |             |        |
|             |             |                     |                    |                   | 4, and 5)  |                 |             |              |        |             |        |
|             |             |                     |                    |                   |            |                 |             |              |        |             |        |
|             |             |                     |                    |                   |            |                 |             |              | mount  |             |        |
|             |             |                     |                    |                   |            | Date            | Expiration  | O1           |        |             |        |
|             |             |                     |                    |                   |            | Exercisable     | Date        | Title Number |        |             |        |
|             |             |                     |                    | C 1 W             | (A) (D)    |                 |             | of           |        |             |        |
|             |             |                     |                    | Code V            | (A) (D)    |                 |             | S            | hares  |             |        |

### **Reporting Owners**

Relationships

Ginn Scott G

5959 S. SHERWOOD FOREST Principal Accounting SVP - Accounting & BLVD. Controller

BATON ROUGE, LA 70816

### **Signatures**

/s/ Celeste R. Peiffer o/b/o Scott G. Ginn pursuant to a Power of Attorney 04/04/2012

\*\*Signature of Reporting Person 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).
- (1) hares awarded are subject to service-based vesting conditions and will vest in equal, one-third increments on each of April 1, 2013, April 1, 2014 and April 1, 2015, provided that the reporting person remains employed by the issuer on each such date.

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.

Reporting Owners 2