## Edgar Filing: SIERRA HEALTH SERVICES INC - Form 4

SIERRA HEALTH SERVICES INC Form 4 April 22, 2005	OMB APPROVAL			
•	OMB APPROVAL			
	B 3235-0287			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES	ires: January 31, 2005 mated average den hours per			
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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940	oonse 0.5			
(Print or Type Responses)				
COLLINS FRANK E Symbol Issuer	5. Relationship of Reporting Person(s) to Issuer			
SIERRA HEALTH SERVICES INC [SIE] (Check all ap	(Check all applicable)			
(Wohn / Day / 1 car) below) be	Officer (give title Other (specify			
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Rep	_X_ Form filed by One Reporting Person			
LAS VEGAS, NV 89128 Form filed by More that Person	an One Reporting			
(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Be</b>	eneficially Owned			
(Instr. 3)any (Month/Day/Year)Code (Instr. 3)(Instr. 3, 4 and 5)Beneficially Owned FollowingForm (D) or Following(A)(A)(A)(A)(A)(A)(A)	rect (I) (Instr. 4)			
$\begin{array}{c} \text{Common} \\ \text{Stock} \end{array} \begin{array}{c} \text{Or} \\ \text{Code V Amount} \\ \text{(D)} \\ \text{Price} \end{array} \begin{array}{c} \text{(Instr. 3 and 4)} \\ \text$				
Common 7,314.56 I Stock	By 401(k) Plan			

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
COLLINS FRANK E 2724 N. TENAYA WAY LAS VEGAS, NV 89128			Sr. V.P., Legal & Admin, Secy			
Signatures						
Frank E. Collins/Jayne Primaky POA		04/22/200	)5			
**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).

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.