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HAMM NANCY

Form 4

March 01, 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 FORM 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP () Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instructions 1(b). 1. Name and Address of Reporting Person Ham, Nancy J c/o 2555 Davie Road, #110 Fort Lauderdale, FL 33317 2. Issuer Name and Ticker or Trading Symbol ProxyMed, Inc. PILL 3. IRS or Social Security Number of Reporting Person (Voluntary) 4. Statement for Month/Year 02/28/2002

- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) () Director () 10% Owner (X) Officer (give title below) () Other (specify below)

President and Chief Operating Officer

- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - (X) Form filed by One Reporting Person
 - () Form filed by More than One Reporting Person

1. Title of Security	12.	3. 4	5.Amount of				
300 0 01		Transaction or Disposed				Securities Beneficially Owned at	
	Date	Code V	Amount	D	Price		End of Month

Table II Derivativ	re Securit	ites A	cquire	d, Dispose	ed of, o	r Beneficially	Owned	
1.Title of Derivative Security	version or Exer cise Price of Deriva- tive Secu-	Trans	saction 	n rivativ rities red(A) posed c	ve Secu Acqui or Dis of(D) A/ D	cisable and Expiration Date (Month/ Day/Year) Date Expir Exer- ation cisa- Date	Title and Number	8.P of vat Sec rit
Employee Stock Option		02/06 /02		V 2,640		03/31 03/31 C /02 /07	ommon Stock 2,640	\$16

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Explanation of Responses:

*Reflects adjustment for 1-for-15 reverse stock split on August 21,
2001.

SIGNATURE OF REPORTING PERSON
Nancy J. Ham
DATE
March 1, 2002