

Edgar Filing: CHERNOW DAVID S - Form 4

CHERNOW DAVID S  
Form 4  
February 24, 2003

OMB APPROVAL

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FORM 4 U.S. SECURITIES AND EXCHANGE COMMISSION  
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Washington, D.C. 20549

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OMB Number 3235-0287  
Expires: January 31, 2005  
Estimated average burden  
hours per response.... 0.5  
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Check box if  
no longer subject  
to Section 16.  
Form 4 or Form 5  
obligations may continue.  
See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person\*

Chernow David S.  
-----  
(Last) (First) (Middle)

4324 East Orchard Lane  
-----  
(Street)

Littleton CO 80121  
-----  
(City) (State) (Zip)

-----  
2. Issuer Name and Ticker or Trading Symbol

Select Medical Corporation - NYSE (SEM)

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3. IRS Identification Number of Reporting  
Person, if an entity (voluntary)

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4. Statement (Month/Day/Year)

February 21, 2003

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5. If Amendment, Date of Original (Month/Day/Year)

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6. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

|                                     |                            |                       |
|-------------------------------------|----------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Director                   | 10% Owner             |
|                                     | Officer (give title below) | Other (specify below) |

7. Individual or Joint/Group Filing  
(Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security<br>(Instr. 3) | 2. Transaction<br>Date<br>(Month/<br>Day/<br>Year) | 2A. Deemed<br>Execution<br>Date, if<br>any<br>(Month/<br>Day/<br>Year) | 3.Transaction<br>Code<br>(Instr. 8) | 4. Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3,<br>4 and 5) | 5. Amount of<br>Securities<br>Beneficially<br>Owned Follow-<br>ing Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. |
|------------------------------------|--|--|-------------------------------------|---|---|----|
|                                    |  |  | Code V                              | Amount (A) or Price<br>(D)  |   |    |

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

\*If the form is filed by more than one reporting person, see Instruction 4(b)(v).

(Over)

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 current valid OMB control number.

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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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) |
|--|--|--------------------------------------|--|--------------------------------|--|--|---|--|
| Non-qualified Stock Options (right to buy) | \$13.35  | 02/21/03                             |  | A                              | 5,000  | (1) 2/20/13  | Common Stock  | 5,000 Shares                               |

Explanation of Responses:

(1) The option grant of 7,000 options vests over 5 years in equal parts of 1/5th of the total per year, beginning on 2/21/04.

\*\* 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 provided 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 current valid OMB Number.

/s/ David S. Chernow 02/24/03  
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\*\* Signature of Reporting Person Date

