Edgar Filing: SELECT MEDICAL CORP - Form 4

OMB APPROVAL

SELECT MEDICAL CORP Form 4

February 24, 2003

Che no to Fo ob	ORM 4 U.S. eck box if longer subjection 16. rm 4 or Form Sigations may e Instruction	Washington, D.C. ct continue.	XCHANGE COMMISSION 20549	OMB Number 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5				
		STATEMENT OF C	HANGES IN BENEFICIA	AL OWNERSHIP				
	Section 3	17(a) of the Publ ection 30(h) of t	ic Utility Holding he Investment Compa	es Exchange Act of 1934, Company Act of 1935 or any Act of 1940				
1.		ress of Reporting						
	Feldberg	_						
	(Last)	(First)						
	Columbia University, Uris Hall, 3022 Broadway							
		(Street)						
		NY	10027					
		(State)						
2.	Issuer Name a	and Ticker or Tra	ding Symbol					
	Select Med	ical Corporation	- NYSE (SEM)					
3.		cation Number of n entity (volunta						
4.	Statement (Month/Day/Year)							
	February 23	1, 2003						
5.	If Amendment,	, Date of Origina	l (Month/Day/Year)					
	/ /							

Edgar Filing: SELECT MEDICAL CORP - Form 4

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

X Director 10% Owner Officer (give title Other (specify below) below)

- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - X 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 2. Trans- 2A. 3. Transaction 4. Securities 5. Amount of 6. (Instr. 3) Deemed Code Acquired (A) Securities Date Execution (Instr. 8) or Disposed of (Month/ Date, if (D) (Instr. 3, Owned Follow-ing Reported in Reported in Reported in Reported Day/ any Year) (Month/ 4 and 5)

Day/

Year) Code V Amount (A) or Price (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.

Page 1 of 2

FORM 4 (Continued)

ing Reported Transaction(s) (Instr. 3 and 4)

Edgar Filing: SELECT MEDICAL CORP - Form 4

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)	Exercise	action Date (Month/ Day/ Year)	Deemed Execu-	Code (Instr.	of Deriv-	6.Date Exer- cisable and Ex- pira- tion Date (Month/ Day/ Year)	e	Title and Amount of Under- lying Secur- ities (Instr 3 and	5)
				Code V	(A) (D)	Date Ex- ercis- able	Ex- pir- ation Date	Title	Amount or Number of Shares
Non-qualified Options	l Stock								
(right to buy	·) \$13.35	02/21/03	3	A	5,000	(1)	2/20/13	Com- mom Stock	5,000

Explanation of Responses:

- (1) The option grant of 5,000 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/	Meyer	Feldberg		02/24/03
** Signa	ture of	Reporting	Person	Date

Page 2 of 2