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PROXYMED INC /FT LAUDERDALE/

Form 4

August 09, 2001

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  
 Schmid, Judson E  
 c/o 2555 Davie Road, Suite 110  
 Fort Lauderdale, FL 33317  
 USA
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  
 07/31/2001
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)  
 Exec. Vice Pres. and Chief Financial 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

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

1. Title of Security	2. Transaction Date	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month
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Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. Put or Call
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Employee Stock Option	\$0.92	7/25/01	A	31,600	7/25/06* 7/25/11	Common Stock	
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Explanation of Responses:

\*Option vesting may be accelerated to 12/31/01, subject to the Company's and the employee's satisfaction of certain performance criteria.

SIGNATURE OF REPORTING PERSON

Judson E. Schmid

DATE

August 9, 2001