HOFFMAN GABE Form 3 February 09, 2006 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

. Name and Address of Reporting2. Date of Event RequPerson *Statement ACCIPITER CAPITAL(Month/Day/Year)MANAGEMENT, LLC12/30/2005		^g 3. Issuer Name and Ticker or Trading Symbol Emergency Medical Services CORP [EMS]				
(Last) (First) (Middle) 399 PARK AVENUE, 38TH FLOOR		4. Relationship of Reporting Person(s) to Issuer(Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) NEW YORK, NY 10022		Director 10% Owner Officer Other (give title below) (specify below)		r	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	m: (Instr. 5) ect (D) ndirect		
Class A Common Stock	378,492		Ι	By A	LSF (Offshore), Ltd. (1)	
Class A Common Stock	68,650		Ι	By A	LSF II, LP <u>(2)</u>	
Class A Common Stock	486,158		Ι	By A	LSF, LP (3)	

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

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currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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1. Title of Derivative Security (Instr. 4)	Expiration Date		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address		Relationships					
Reporting Owner Manie / Address		10% Owner	Officer	Other			
ACCIPITER CAPITAL MANAGEMENT, L 399 PARK AVENUE 38TH FLOOR NEW YORK, NY 10022	LC Â	ÂX	Â	Â			
HOFFMAN GABE 399 PARK AVENUE 38TH FLOOR NEW YORK, NY 10022	Â	X	Â	Â			
Candens Capital LLC 399 PARK AVENUE 38TH FLOOR NEW YORK, NYÂ	Â	ÂX	Â	Â			
Signatures							
By: /s/ Gabe Hoffman, managing member	02/06/2006						
**Signature of Reporting Person	Date						
/s/ Hoffman, Gabe	02/06/2006						
**Signature of Reporting Person	Date						
By: /s/ Gabe Hoffman, managing member	02/06/2006						
**Signature of Reporting Person	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

Held by Accipiter Life Sciences Fund (Offshore), Ltd. Accipiter Capital Management, LLC, the investment manager of Accipiter Life
(1) Sciences Fund (Offshore), Ltd. and Gabe Hoffman, the managing member of Accipiter Capital Management, LLC, disclaim beneficial ownership of these securities except to the extent of their pecuniary interest therein.

Held by Accipiter Life Sciences Fund II, LP. Candens Capital, LLC, the general partner of Accipiter Life Sciences Fund II, LP and Gabe(2) Hoffman, the managing member of Candens Capital, LLC, disclaim beneficial ownership of these securities except to the extent of their pecuniary interest therein.

(3) Held by Accipiter Life Sciences Fund, LP. Candens Capital, LLC, the general partner of Accipiter Life Sciences Fund, LP and Gabe Hoffman, the managing member of Candens Capital, LLC, disclaim beneficial ownership of these securities except to the extent of their

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pecuniary interest therin.

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.