Edgar Filing: SIMS ANTHONY - Form 4

SIMS ANTH	IONY											
Form 4												
June 03, 201	1											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi	is box		vv as	inington,	D.C. 20.	547				January 31,		
if no long		MENT O	F CHAN	NGES IN BENEFICIAL OWN				NERSHIP OF	Expires:	Expires. 2005		
Section 16.				SECURITIES					Estimated average burden hours per			
Form 4 or									response	•		
Form 5 Filed pursuant to Section 16(a) of the					e Securiti	ies E	xchang	e Act of 1934,				
obligation may cont				•	•	- ·		f 1935 or Sectio	n			
See Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type R	(esponses)											
(I find of Type I	(esponses)											
1. Name and Address of Reporting Person [*] 2. Issuer			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
SIMS ANTHONY Symbol												
				COUNTE	RY			(Check all applicable)				
	HEALTHCARE INC [CCRN]					(Check an applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			Director 10% Owner						
(Month/D				-				XOfficer (give titleOther (specify below) below)				
	OF COMMER	CE	06/01/20)11				· · · · · · · · · · · · · · · · · · ·	linical Trials St	ffg.		
BLVD., N.V	۷.											
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mo				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
BOCA RAT	ON, FL 33487							Form filed by M	Nore than One Re			
Doornun	011,1200107							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-Do	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.				5. Amount of	6. Ownership			
Security	(Month/Day/Yea	r) Execution any	on Date, if	Transaction(A) or Disposed of				Securities	Form: Direct			
(Instr. 3)		Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		× ·					·	Following	(Instr. 4)			
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V		(D)	Price					
Stock	06/01/2011			А	7,500	А	\$0	38,923	D			
					1 702		¢					
Common Stock	06/01/2011			F	1,792 (1)	D	\$ 7.44	37,131	D			

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently 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. Transacti Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Appreciation Rights	\$ 7.44	06/01/2011		А	7,500		(2)	06/01/2018	Common Stock	7,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SIMS ANTHONY 6551 PARK OF COMMERCE BLVD., N.W. BOCA RATON, FL 33487			Pres., Clinical Trials Stffg.				
Signatures							

/s/ Anthony 06/03/2011 Sims **Signature of

Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(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).
- (1) The shares were withheld to satisfy Mr. Sims' tax withholding obligation for restricted stock which vested on June 1, 2011.
- (2) The stock appreciation rights vest in four equal installments beginning June 1, 2012.

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.

Reporting Person