Edgar Filing: Mansukani Sharad - Form 4

Mansukani S	harad									
Form 4	2010									
February 16,								OMB A	PPROVAL	
FORM	ND EXCHANGE COMMISSION D.C. 20549				3235-0287					
Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti	er STATEME 6. Filed pursu	ENT OF CHAN	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OW SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act o				ge Act of 1934,	Expires: Estimated a burden hou response	irs per	
See Instru 1(b).		30(h) of the In	vestment	Compan	y Act	of 19	40			
(Print or Type R	Responses)									
1. Name and A Mansukani S	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
		HealthS	HealthSpring, Inc. [HS]				(Check all applicable)			
^(Last) 9009 CARO PARKWAY	(Month/D	3. Date of Earliest Transaction (Month/Day/Year)02/11/2010				X Director 10% Owner X Officer (give title Other (specify below) below) EVP - Chief Strategy Officer				
			endment, Date Original nth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
FRANKLIN	, TN 37067							More than One Re		
(City)	(State) (Z	Cip) Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	· · · ·	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		l (A) c l of (D 4 and (A) or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/11/2010		Code V A	Amount 6,621 (1)	(D) A	Price \$ 0	26,714	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.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if Transa any Code		Transaction of Derivative		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	
Employee Stock Option (Right to Buy)	\$ 17.82	02/11/2010		А	4,121	(2)	02/11/2020	Common Stock	4,121	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Mansukani Sharad 9009 CAROTHERS PARKWAY SUITE 501 FRANKLIN, TN 37067	Х		EVP - Chief Strategy Officer			
Signatures						
/s/ J. Gentry Barden, Attorney-in-Fact		02/16/2010				
**Signature of Reporting Person		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).

The reporting person received 6,621 shares of restricted common stock from the Company as compensation in connection with his

- (1) continuing employment. The shares were granted pursuant to the HealthSpring, Inc. 2006 Equity Incentive Plan (the "2006 Plan"). In general, the restrictions with respect to these shares lapse as follows: 50% on February 11, 2012, 25% on February 11, 2013, and 25% on February 11, 2014.
- (2) Granted pursuant to the 2006 Plan. In general, the shares subject to this option will vest and become exercisable as follows: 50% on February 11, 2012, 25% on February 11, 2013, and 25% on February 11, 2014.

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.

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