**AMEDISYS INC** Form 4 May 05, 2015

### FORM 4

#### **OMB APPROVAL**

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287

January 31,

Check this box if no longer subject to Section 16. Form 4 or

Number: Expires:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

(Print or Type Responses)

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

1(b).

Ginn Scott G

(City)

. Issuer Name <b>and</b> Ticker or Trading	5. Relationship of Reporting Person(s) to
1	Issuer

Symbol AMEDISYS INC [AMED]

(Check all applicable)

(Last) (First) (Middle)

(Street)

(State)

(Zip)

1. Name and Address of Reporting Person \*

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X\_ Officer (give title \_X\_ Other (specify

5959 S. SHERWOOD FOREST

05/01/2015

below) below) Principal Accounting Officer / SVP -Accounting & Controller

BLVD.

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_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

#### BATON ROUGE, LA 70816

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1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
			Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	05/05/2015		F	1,710	D	\$ 27.35	44,710	D	
Common Stock							2,235 (1)	I	Through 401(k)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Plan

### Edgar Filing: AMEDISYS INC - 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securition
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 27.35	05/01/2015		A	22,500	05/01/2019(2)	05/01/2025	Common Stock	22,5

## **Reporting Owners**

D.		~l. : ~
Ke	ation	ships

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Ginn Scott G				
5959 S. SHERWOOD FOREST			Principal Accounting	SVP - Accounting &
BLVD.			Officer	Controller

### **Signatures**

BATON ROUGE, LA 70816

/S/ Celeste R. Peiffer on behalf of Scott G. Ginn pursuant to a power of attorney.

\*\*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).
- (1) Includes 4 shares acquired under the issuer's 401(k) plan since the date of the reporting person's last ownership report.
- (2) The stock option vests in four equal annual installments beginning on May 1, 2019, provided that on each such vesting date, the reporting person remains continuously employed by the issuer.

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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