MERGE HEALTHCARE INC

Form 4 May 21, 2014

FORM 4

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

OMB Number: 3235-0287 January 31,

response...

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: 2005
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OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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).

(Print or Type Responses)

1. Name and Address of Reporting Person ** Oreskovich Steven M			2. Issuer Name and Ticker or Trading Symbol MERGE HEALTHCARE INC	5. Relationship of Reporting Person(s) to Issuer		
			[MRGE]	(Check all applicable)		
(Last) 900 WALNUT	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2014	Director 10% Owner _X_ Officer (give title Other (specify below) CFO & Treasurer		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
HARTLAND, WI 53029				Form filed by More than One Reporting Person		

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(- 3)	(******)	1 abie	: 1 - Non-De	erivative Se	curitie	s Acqui	rea, Disposea oi,	or Beneficiali	y Ownea
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	on Date 2A. Deemed /Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	05/20/2014		M <u>(1)</u>	101,323	A	\$ 0.68	160,415	D	
Common Stock	05/20/2014		S	3,500	D	\$ 2.05	156,915	D	
Common Stock	05/20/2014		S	4,500	D	\$ 2.08	152,415	D	
Common Stock	05/20/2014		S	3,900	D	\$ 2.09	148,515	D	
Common Stock	05/20/2014		S	5,366	D	\$ 2.1	143,149	D	

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Common Stock	05/20/2014	S	1,432	D	\$ 2.11	141,717	D
Common Stock	05/20/2014	S	2,825	D	\$ 2.12	138,892	D
Common Stock	05/20/2014	S	2,300	D	\$ 2.13	136,592	D
Common Stock	05/20/2014	S	500	D	\$ 2.14	136,092	D
Restricted Common Stock						175,000	D

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

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SEC 1474 (9-02)

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
Oreskovich Steven M								
900 WALNUT RIDGE DRIVE			CFO & Treasurer					
HARTLAND, WI 53029								

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Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Steven M. Oreskovich

05/21/2014

**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) In connection with this stock option exercise, shares were sold to cover the payment of the exercise price and the applicable taxes due upon exercise. After such sales, the total amount of stock retained was 77,000.

Remarks:

Performing option exercise prior to June 3,2014 expiration.

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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