Edgar Filing: METROPOLITAN HEALTH NETWORKS INC - Form 4

METROPOL Form 4 June 07, 2007	ITAN HEALTH	NETWO	ORKS IN	С							
									OMB AI	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no long							Expires:	January 31, 2005			
subject to STATEMENT OF CHAN Section 16.				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					burden hou	Estimated average burden hours per	
Form 4 or Form 5	Form 5 Eiled surgest to Section 16(c) of the Securities Eacher on Act of 1024							response	0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
Shields Robert E Symbol METR			Symbol METRO	er Name and Ticker or Trading OPOLITAN HEALTH 'ORKS INC [MDF]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)		iddle)	3. Date of Earliest Transaction? (Month/Day/Year)			_X_ Director Officer (give below)		Owner er (specify			
6 ABALONE ALLEY 06/07/2			06/07/20	/2007							
(Street) 4. If Amer				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Line) _X_Form filed by O ISLE OF PALMS, SC US 29451 Person						ne Reporting Person ore than One Reporting					
(City)	(State) (Z	Zip)	Tabl	I Non D	auivativa S	. : : :	ing A no		on Donoficial	ly Owned	
		•					-	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	n Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Dis (D)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/07/2007			A	16,216 (<u>1)</u>	A	\$ 0	60,816	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)

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. Transactio Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.86	06/07/2007		А	8,108 (2)	06/07/2008	06/07/2017	Common Stock	8,108	

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Reporting Owners

Reporting Owner Name / Add	Iress	Relationships						
	Director	10% Owner	Officer	Other				
Shields Robert E 6 ABALONE ALLEY ISLE OF PALMS, SC US 2	X 9451							
Signatures								
/s/ Robert E. Shields	06/07/2007							
**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) Shares issued as compensation for service on the Board of Directors for 2007. These shares are restricted and are scheduled to vest on $\frac{06}{07/2008}$.
- (2) Options granted for service on the Board of Directors for 2007. These options are scheduled to vest in whole on 06/07/2008.

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