### Edgar Filing: METROPOLITAN HEALTH NETWORKS INC - Form 4

#### METROPOLITAN HEALTH NETWORKS INC

Form 4

December 18, 2007

(City)

(State)

(Zip)

	D STATES	S SECURITIES AND EXCHANGE O Washington, D.C. 20549	COMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Expires: Estimated avburden hours response	-			
(Print or Type Responses)					
Name and Address of Reporti Zeman Barry	ng Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol METROPOLITAN HEALTH NETWORKS INC [MDF]	Reporting Person(s) to k all applicable)		
(Last) (First)  26 BEAVER STREET, SU	(Middle)  JITE 15	3. Date of Earliest Transaction (Month/Day/Year) 10/31/2007	_X_ Director Officer (give to below)		Owner (specify
(Street)  NEW YORK, NY US 100	04	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by Or Form filed by Mo Person	ne Reporting Pers	son

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(,	(======================================
Common Stock	10/31/2007		G	1,850 (1)	D	\$0	81,830 (2)	I	See footnote.

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.

SEC 1474

(9-02)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

**OMB APPROVAL** 

#### Edgar Filing: METROPOLITAN HEALTH NETWORKS INC - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				~	<del></del>				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Zeman Barry 26 BEAVER STREET, SUITE 15 NEW YORK, NY US 10004	X					

### **Signatures**

/s/ Barry Zeman 12/18/2007

\*\*Signature of Date
Reporting Person

## **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) Bona fide gift to Adelphi University.
- (2) 56,466 shares are owned directly by Mr. Zeman, 16,100 shares are owned indirectly through an Individual Retirement Account, and the remaining 9,264 shares are owned indirectly through Mr. Zeman's spouse.

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 Owners 2