## Edgar Filing: Zeman Barry - Form 4

Form 4 March 10, 2	-											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB	OMB APPROVAL				
	UNITED	STATES S	ECURITI Washing				ANGE (	COMMISSION	OMB Number:	3235-0287		
Check the other of the other ot	so <b>STATEN</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden he	Expires: January 31 2009 Estimated average burden hours per response 0.9		
Form 5 obligation may corn <i>See</i> Insta 1(b).	ons Section 17(	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	Responses)											
Zeman Barry Sym			ymbol	. Issuer Name <b>and</b> Ticker or Trading mbol ETROPOLITAN HEALTH					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	Ν	NETWORKS INC [MDF]					(Check an applicable)					
26 BEAVER STREET, SUITE 15 (Month/ 03/10/ (Street) 4. If Arr			. Date of Earliest Transaction Month/Day/Year) 3/10/2009					X_ Director 10% Owner Officer (give title Other (specify below) below)				
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY US 10004							Form filed by M Person				
(City)	(State)	(Zip)	Table I - I	Non-Deri	ivative	Secu	rities Acc	uired, Disposed o	f, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	vate, if Tran Code /Year) (Inst	saction(A c (Ir	A) or Di Istr. 3,	spose		Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/10/2009		Р			A	\$ 1.297	111,330 <u>(1)</u>	I	By Individual Retirement Account		

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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					., und c)						
									Amount		
						Data	Evaluation		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Z 2 N

S

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Zeman Barry 26 BEAVER STREET, SUI NEW YORK, NY US 10004		Х							
Signatures									
/s/ Barry Zeman	03/10/2	009							
**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) 70,966 shares are owned directly by Mr. Zeman, 31,100 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.