## Edgar Filing: HARRISON MARTIN MD - Form 4

HARRISON	MARTIN MD										
August 11, 20										PPROVAL	
FORM		SECURITIES AND EXCHANGE C Washington, D.C. 20549						3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	Filed pr Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								January 31, 2005 average rs per 0.5	
(Print or Type R	esponses)										
HARRISON MARTIN MD Syn ME				2. Issuer Name <b>and</b> Ticker or Trading mbol IETROPOLITAN HEALTH ETWORKS INC [MDF]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 250 S. AUST SUITE 400	(First) TRALIAN AV	(Middle) ENUE,	3. Date of (Month/Da 08/10/20	-	ansaction			X Director Officer (give below)		Owner er (specify	
				nendment, Date Original Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
WEST PALM 33401	M BEACH, FL	L US						Form filed by N Person	fore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any		3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of 5) Price	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	08/10/2009			S	5,000 (1)	D	(2)	4,334,714 (3)	D		

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

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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					
		Director	10% Owner	Officer	Other		
HARRISON MARTIN MD 250 S. AUSTRALIAN AVENU WEST PALM BEACH, FL US 3	<b>^</b>	Х					
Signatures							
/s/ Martin W. 08/ Harrison	1/2009						

<u>\*\*</u>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) These shares were sold pursuant to Rule 10b5-1 sales plan adopted by Dr. Harrison on 3/5/09.

Represents the weighted-average sale price per share of a series of transactions, all of which were executed on August 10, 2009. The actual sale prices ranged from a low of \$2.15 to a high of \$2.25. The Reporting Person undertakes to provide upon request of the SEC

- (2) actual sale prices larged from a low of \$2.15 to a high of \$2.25. The Reporting reison undertakes to provide upon request of the SEC
   Staff, Metropolitan Health Networks, Inc. or a Metropolitan Health Networks, Inc. security holder full information regarding the number of shares sold at each price within the range.
- (3) Includes 900,000 shares held indirectly through H3O, Inc., a corporation in which Dr. Harrison is an Officer.

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.