Edgar Filing: EARLEY MICHAEL - Form 4

EARLEY N	MICHAEL									
Form 4										
December	11, 2009									
FORM	14								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check t if no lo	this box							Expires:	January 31,	
subject		MENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated	timated average	
Section		SECURITIES						burden hours per		
Form 4 Form 5		rsuant to Section 16(a) of the Securities Exchange Act of 1934,							. 0.5	
obligati	i neu pui						U I			
may co	nunue.			•	•	npany Act	of 1935 or Sectio	n		
<i>See</i> Inst 1(b).	truction	50(II)	of the I	nvesunen	t Compa	ly Act of 1	940			
1(0).										
(Print or Type	e Responses)									
				2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to			
EARLEY MICHAEL			Symbol				Issuer			
			METROPOLITAN HEALTH			(Check all applicable)				
			NETW	ORKS IN	NC [MDF]	(Chee	ik un upplicuoi)	
(Last)	(First) (Middle)	3. Date	of Earliest 7	Transaction		_X_ Director		% Owner	
			(Month/Day/Year)			X_ Officer (give title Other (specify below) below)				
	STRALIAN		12/09/2	2009			· · · · · · · · · · · · · · · · · · ·	CEO		
AVENUE,	, SUITE 400									
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
			Filed(Month/Day/Year)							
WESTDA	IMDEACH EL						_X_ Form filed by Form filed by M	1 0		
33401	LM BEACH, FL	03					Person			
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	cquired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date (Month/Day/Year)	2A. Deemed 3. 4. Securit			ies	5. Amount of 6	6. Ownership	7. Nature of		
Security		Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Form: Direct	Indirect	
(Instr. 3)							· · · · ·	D) or Indirect	Ownership	
		(intentit)D	uj/ i cui)	(1104.0)	(1100. 3,	. and 5)	· · · · · · · · · · · · · · · · · · ·	Instr. 4)	(Instr. 4)	
						(A)	Reported			
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	(msu. 5 and 4)			

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 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. Transact Code (Instr. 8)	iorDe Sec Ac Dis	Number of privative curities equired (A) or sposed of (D) istr. 3, 4, and	6. Date Exercia Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	′ (A	.) (D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Options	\$ 0.35	12/09/2009		D		116,667	12/31/2004	12/31/2009	Common Stock	116,66

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
EARLEY MICHAEL 250 S. AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH, FL US 33401	Х		CEO			
Signatures						

ignature

/s/ Michael M.	
Earley	12/11/2009
<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).
- Equals the difference between the Repurchase Price (defined below) and the exercise price. The "Repurchase Price" equals the closing (1) price of the issuer's common stock on the NYSE AMEX on December 8, 2009, less a two percent discount.

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.