Edgar Filing: HARRISON MARTIN MD - Form 4

HARRISON Form 4 January 06, 2	MARTIN MD 2010											
FORM	RITIES AND EXCHANGE COMMISSION					OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECONTILES AND EXCHANCE COMMINS Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES						ERSHIP OF Act of 1934, 1935 or Section	Number: 3235-0287 Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5					
(Print or Type I	Responses)											
HARRISON MARTIN MD S:				r Name and DPOLITA ORKS IN	N HEA	LTH		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Me			(Month/E	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2010				X_ Director10% Owner Officer (give titleOther (specify below) below)				
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
WEST PAL	M BEACH, FL 3	33401						Form filed by M Person				
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D) 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/04/2010			S	5,000 (1)	D	\$ 1.9972 (2)	3,979,714 <u>(3)</u>	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)	4. Transactio Code (Instr. 8)	 6. Date Exercisable a Expiration Date of (Month/Day/Year) B) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: HARRISON MARTIN MD - Form 4

Reporting Owners

ŀ 2 V

S

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HARRISON MARTIN MD 250 S. AUSTRALIAN AVENUE, SUITE 400 WEST PALM BEACH, FL 33401	Х						
Signatures							
/s/ Martin W. 01/04/2010							

01/04/2010 Harrison **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 January 4, 2010. The actual sales prices ranged from a low \$1.96 to a high of \$2.02. The Reporting Person undertakes to provide upon request of the SEC Staff,

- (2)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 H30, 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.