## Edgar Filing: Zeman Barry - Form 4

Zeman Barry Form 4												
February 18, 2	2010											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									PPROVAL 3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed p Filed p Soue. Section 1	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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 3 Expires: 200 Estimated average burden hours per response 0			
1. Name and Address of Reporting Person * Zeman Barry Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol METROPOLITAN HEALTH NETWORKS INC [MDF]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/12/2010</li></ul>					X Director Officer (give below)	fficer (give title 00 Other (specify below)			
				Amendment, Date Original Month/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> </ul>				
NEW YORK	, NY US 1000	04						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) 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	02/12/2010			G	2,200 (1)	D	\$0	115,959 <u>(2)</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)

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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		

Other

## **Reporting Owners**

Reporting Person

<b>Reporting Owner Name / Ad</b>	dress	Relationships					
	Dire	ctor	10% Owner	Officer			
Zeman Barry 26 BEAVER STREET, SUI NEW YORK, NY US 1000 Signatures		x					
/s/ Barry Zeman	02/18/2010						
<u>**</u> Signature of	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).
- Bona fide gift to Adelphi University. (1)
- 75,595 shares are owned directly by Mr. Zeman, 31,100 shares are owned indirectly through an Individual Retirement Account, and the (2) 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.