Edgar Filing: SABO ROBERT J - Form 4

SABO ROB Form 4 February 15									
FORM	ΠΔ							OMB AP	PROVAL
-	UNITEDSI	Washington, D.C. 20549					OMMISSION	OMB Number:	3235-0287
Check th if no lon subject t Section Form 4 of Form 5 obligation may con See Instr	ger o 16. or Filed pursu tinue. Section 17(a)	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					Expires: Estimated a burden hour response	irs per	
1(b).									
(Print or Type	Responses)								
1. Name and A SABO ROI	er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
		ROPOLITAN HEALTH WORKS INC [MDF]				(Check all applicable)			
			e of Earliest Transaction h/Day/Year) ./2011			Director 10% Owner Officer (give title Other (specify below) Chief Financial Officer			
			Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person		
WEST PAI 33401	WEST PALM BEACH, FL US Form filed by More than One Reporting Person								
(City)	(State) (Zi	^{ip)} Tab	le I - Non-l	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			cquired d of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Com			Code V	Amount		Price \$	(Instr. 3 and 4)		
Common Stock	02/11/2011		S	2,472 (1)	D	4.6523 (2)	248,385	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	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 / Addre	55	Relationships						
reporting o mar runner runner	Director	10% Owner	Officer	Other				
SABO ROBERT J 250 S. AUSTRALIAN AVENUI SUITE 400 WEST PALM BEACH, FL US 3			Chief Financial Officer					
Signatures								
/s/ Robert J. 02/1	15/2011							

Sabo **Signature of Date

Reporting Person

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).

These shares were sold pursuant to Rule 10b5-1 sales plan adopted by the reporting person, which plan is designed to, from time to time, (1) provide the reporting person a sufficient amount of cash to satisfy any withholding taxes that may be associated with the vesting of certain equity awards.

Represents the weighted-average sale price per share of a series of transactions, all of which were executed on February 11, 2011. The actual sale prices ranged from a low of \$4.63 to a high of \$4.67. The Reporting Person undertakes to provide upon request of the SEC

(2) 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.

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.