## Edgar Filing: IZQUIERDO LUIS H - Form 4

IZQUIERD	O LUIS H										
Form 4											
March 06, 2	012										
FORM	14		GECUD							PPROVAL	
	UNITE	DSTATE			ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287	
Check th if no lon	aor								Expires:	January 31, 2005	
subject t		EMENT O	F CHAN		ES IN BENEFICIAL OWNERSHIP				Estimated average		
Section	Section 16. SECURITIES							burden hours per			
Form 4 c Form 5			<b>a</b> .: 1		a	-			response 0.5		
obligatio	· · · · ·						•	e Act of 1934,			
may con	tinue. Section 1		) of the In					f 1935 or Section	n		
See Instr 1(b).	ruction	50(II)	) of the m	vestment	Company	Act	01 192	+0			
1(0).											
(Print or Type	Responses)										
	Address of Reportin	ng Person <sup>*</sup>	2. Issuer	Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
IZQUIERDO LUIS H S				Symbol				Issuer			
		METROPOLITAN HEALTH				(Check all applicable)					
			NETWO	ORKS IN	C [MDF]			(ener	n un uppnouon	•)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			Director		Owner	
				(Month/Day/Year)				_X_ Officer (give title Other (specify below) below)			
TTTY YAMA	ATO ROAD, SU	TTE 510	03/04/20	)12					Marketing Offic	cer	
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
File				Filed(Month/Day/Year)				Applicable Line)			
								_X_ Form filed by C Form filed by M			
BOCA RA'	FON, FL US 33	431						Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yes	·	Execution Date, if		on(A) or Di	sposed	l of		Form: Direct In		
(Instr. 3)	any (Mor		/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned		Beneficial Ownership		
		(ivionini	(Duy) I cui)	(1130.0)	(1150.5,	i una .	,	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V		(D)	Price	(instr. 5 and +)			
Common Stock	03/04/2012			А	16,300 (1)	А	\$0	28,300	D		
SIUCK					(-)						

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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 8.29	03/04/2012		А	33,000 (2)	(3)	03/04/2022	Common Stock	33,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director 10%		Officer	Other			
IZQUIERDO LUIS H 777 YAMATO ROAD SUITE 510 BOCA RATON, FL US 33431			Chief Marketing Officer				
Signatures							
/s/ Luis H. 03/	/06/2012						

Izquierdo <u>\*\*</u>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).
- (1) Shares granted as compensation for fiscal year 2012. Shares vest ratably over 4 years.
- (2) Options granted as compensation for fiscal year 2012.
- (3) Options become exercisable in four equal installments of 8,250 each on 3/4/2013, 3/4/2014, 3/4/2015, 3/4/2016.

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.