## Edgar Filing: SABO ROBERT J - Form 4

SABO ROBI	ERT J											
Form 4												
November 28	8, 2012											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNIT	ED STATE				ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31 2009Estimated averageburden hours per response0.9		
Form 5 obligation may cont <i>See</i> Instru 1(b).	<sup>ns</sup> inue. Section	17(a) of the		ility H	oldi	ng Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40		0.0	
(Print or Type F	Responses)											
			2. Issuer Name and Ticker or Trading Symbol METROPOLITAN HEALTH NETWORKS INC [MDF]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 777 YAMA	(First) TO ROAD, S	(Middle) UITE 510	3. Date of (Month/D 04/05/20	Earliest	Tra				Director X Officer (give below) Chief		6 Owner er (specify eer	
				. If Amendment, Date Original Filed(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> <li> Form filed by More than One Reporting</li> </ul>			
BOCA RAT	ON, FL US 3	33431							Form filed by N Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Noi	1-De	rivative S	ecurit	ies Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed ion Date, if /Day/Year)	3. Transa Code (Instr.		4. Securi nAcquirec Disposec (Instr. 3, Amount	l (A) o l of (D	)	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	04/05/2012			G	V	1,500 (1)	D	\$0	294,870	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 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addı	·ess	Relationships							
	Director	10% Owner	Officer	Other					
SABO ROBERT J 777 YAMATO ROAD SUITE 510 BOCA RATON, FL US 334	431		Chief Financial Officer						
Signatures									
/s/ Robert J. Sabo	11/28/2012								
**Signature of	Date								

\*\*Signature of 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) Bona fide gift to The Board of Regents, University of Texas System, MD Anderson Cancer Center.

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.