## Edgar Filing: ORION HEALTHCORP INC - Form 4

ORION HE Form 4 March 27, 2	ALTHCORP INC	C							
FORM	ЛЛ	STATES	SECU	RITIES A	AND EX	CHANGE	COMMISSIO	<b>N</b> T	PPROVAL
Check t if no lor subject Section Form 4 Form 5	Wa F CHAN	nshington NGES IN SECUł	Expires: Estimated burden hou response.	urs per					
obligati may con <i>See</i> Inst 1(b). (Print or Type	ons ntinue. ruction	(a) of the l	Public U	Jtility Hol	ding Con		nge Act of 1934 of 1935 or Sect 940		
1. Name and FINN MIC	Address of Reporting HAEL J	Person <u>*</u>	Symbol	er Name <b>an</b> N HEALT		Trading INC [ONH	Issuer	of Reporting Per neck all applicabl	
(Last) 3201 ENT SUITE 350	Middle) WAY,	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2005				Director 10% Owner Officer (give title Other (specify below) below)			
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BEACHW	OOD, OH 44122						Person	y More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or 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)
				Code V		(D) Price			
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities bene	Perso inform requir	ns who res nation cont ed to respo	or indirectly. spond to the colle ained in this form ond unless the for ntly valid OMB co	n are not orm	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.84	06/17/2005	А	17,000	06/17/2006	06/17/2015	Class A Common Stock	17,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
FINN MICHAEL J 3201 ENTERPRISE PARKWAY, SUITE 350 BEACHWOOD, OH 44122	Х					
Signatures						
/s/ Michael J. Finn, By Stephen Murdock, Agent	03	/24/2006				
**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).

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.