## Edgar Filing: Fritch Herbert A - Form 4

Fritch Herbe	ert A											
Form 4												
December 0'	7, 2010											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										B APPROVAL		
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549							OMMINISSION	OMB Number:	3235-0287			
Check th if no long			-						Expires:	January 31, 2005		
subject to	1ENT O	F CHANGES IN BENEFICIAL OWN						NERSHIP OF	Estimated average			
Section 1 Form 4 c	SECURITIES							burden hours per				
							Act of 1934	response	0.5			
obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940												
1(b).												
(Print or Type ]	Responses)											
		_ *										
1. Name and A Fritch Herb	2. Issuer Name <b>and</b> Ticker or Trading					g	5. Relationship of Reporting Person(s) to Issuer					
I IIIIIIIIIIIIII	cit A		Symbol	nning	Inc	(UC)						
	A. 1.11. \	HealthSpring, Inc. [HS]						(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction (Month/Day/Year)						XDirector10% Owner			
9009 CARC	12/06/2010						X Officer (give title Other (specify					
PARKWAY							below) below) Chairman & CEO					
	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)						Applicable Line)				
							_X_ Form filed by One Reporting Person Form filed by More than One Reporting					
FRANKLIN, TN 37067								joiting				
(City)	(State)	(Zip)	Tabl	le I - No	on-D	erivative S	Securi	ties Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date (Month/Day/Year)			3. 4. Securities Acquired					5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)						Securities Beneficially	Indirect Beneficial				
(1130.3)						)	BeneficiallyForm: DirectBeneficialOwned(D) orOwnership					
									Following Reported	Indirect (I)	(Instr. 4)	
							(A)		Transaction(s)	(Instr. 4)		
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	12/06/2010			S		7,500	D	\$	2,658,390	D		
Stock	12/00/2010			3		(1)	D	28.68	2,030,390	D		
Common	12/06/2010			G	V	35,088	D	<b>\$</b> 0	2,623,302	D		
Stock	12/00/2010			U	v	55,088	D	<b>Ф</b> U	2,023,302	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.

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	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 / Address	Relationships						
	Director	10% Owner	Officer	Other			
Fritch Herbert A 9009 CAROTHERS PARKWAY SUITE 501 FRANKLIN, TN 37067	Х		Chairman & CEO				
Signatures							
/s/ Herbert A							

/s/ Herbert A. 12/07/2010 Fritch

\*\*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).
- The sales reported in this Form 4 entry were effected pursuant to a 10b5-1 trading plan adopted by the reporting person on November 1, (1)2010.

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.