Edgar Filing: Walsh Christopher James - Form 4

| | topher James | | | | | | | | | | | |
|--|--|--|--------|---|---|--------|-------------|--|---|---|--|--|
| Form 4 May 26, 201 | 1 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | | | |
| Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b). | ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5 | 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 20(b) of the Investment Company, Act of 1940 | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| Walsh Christopher James Sy U | | | Symbol | r Name and DHEAL7 | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | (First) EDHEALTH GI RATED, 9900 I ST | | | f Earliest T Day/Year) 011 | ransaction | | | Director X Officer (give below) EVP and | | Owner r (specify sel | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MINNETO | NKA, MN 5534 | 43 | | | | | | Form filed by M Person | ore than One Rej | porting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Secur | ities Acq | uired, Disposed of, | , or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | | Code (Instr. 8) | 4. Securit on(A) or Dis (Instr. 3, 4) | sposed | 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 | 05/24/2011 | | | A | 20,900 (1) | A | \$ 47.96 | 101,337.795 | 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)

| Security (Instr. 3) | or Exercise Price of Derivative Security | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | /Year) | Secu | erlying rities r. 3 and 4) | Security (Instr. 5) | Secur Bene Owno Follo Repo Trans (Instr | |
|------------------------|---|-------------------------|-------------------------|---|---------------------|--------------------|-------|--|------------------------|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |
| Repo | rting Owners | | | | | | | | | | |
| | Reporting Owner Name / Address | | | Relationships | | | | | | | |
| | | | Director | 10% Owne | er Officer | | | Ot | ther | | |
| C/O UNI' 9900 BRI | nristopher James TEDHEALTH GROUP INC EN ROAD EAST ONKA, MN 55343 | ORPORATED | EVP and General Counsel | | | | | | | | |
| Signa | tures | | | | | | | | | | |
| Dannette Walsh | E. Smith, Attorney-in-Fact | for Christopher J. | | 05/26 | /2011 | | | | | | |
| | | | | | | | | | | | |

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The restricted stock units will vest at a rate of 33% annually on May 24 from the years 2012 through 2014.

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.

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4.

5.

6. Date Exercisable and 7. Title and

Amount of

8. Price of 9. Nu

Deriv

Derivative

1. Title of 2.

Date