Edgar Filing: MATRIA HEALTHCARE INC - Form 4

MATRIA HE Form 4 June 07, 2007		EINC									
FORM	Λ									PPROVAL	
-	UNITE	ED STATES			AND EX(, D.C. 202		NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT O			F CHANGES IN BENEFICIAL OWNERSHIP C					NERSHIP OF	Expires: Estimated a	January 31, 2005 average	
Section 16 Form 4 or		SECURITIES					burden hou	irs per			
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed j s Section	17(a) of the		lity Hol	ding Con	npany	Act o	ge Act of 1934, f 1935 or Sectio 40	response	0.5	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> MILLNER GUY W			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			MATRIA HEALTHCARE INC [MATR]				2	(Check all applicable)			
(Last) (First) (Middle) 5500 INTERSTATE NORTH PARKWAY			3. Date of Earliest Transaction(Month/Day/Year)06/05/2007					X_ Director10% Owner Officer (give titleOther (specify below)below)			
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
ATLANTA,	GA 30328							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	I - Non-I	Derivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execution any		Code (Instr. 8)	, , , ,	d (A) of d of (D 4 and (A) or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock (1)	08/08/1998			J	7 Amount 0	(D) A	Price \$ 0	5,625	D		
Stock <u>·</u>											

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio 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
Option (right to buy)	\$ 8.29	05/12/2003		J	5,625	05/21/2004	05/21/2013	Common Stock	5,625
Option (right to buy)	\$ 14.57	06/03/2004		J	10,125	06/03/2005	06/03/2014	Common Stock	10,125
Option (right to buy)	\$ 29.33	06/01/2005		J	6,000	06/01/2006	06/01/2015	Common Stock	6,000
Option (right to buy)	\$ 28.86	05/31/2006		J	6,000	05/31/2007	05/31/2016	Common Stock	6,000
Option (Right to Buy) (2)	\$ 31.41	06/05/2007		А	6,000	06/05/2008	06/05/2017	Common Stock	6,000

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Reporting Owners

Reporting Owner Name / Address	Relationships				
FB	Director	10% Owner	Officer	Other	
MILLNER GUY W 5500 INTERSTATE NORTH PARKWAY ATLANTA, GA 30328	Х				
Signatures					
Roberta L. McCaw as Power of Attorney for Guy W. Millner			06/07/2007		
**Signature of Reporting Person			Date	e	

Explanation of Responses:

*	If the form is filed by more than one reporting person, <i>see</i> 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)	No transaction to report.
(2)	Granted on 06/05/2007 under Issuer's 2005 Directors' Non-Qualified Stock Option Plan and vesting 1/12 a month.

Reporting Owners

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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.