

AMERICAN HEALTHWAYS INC  
 Form 4  
 December 29, 2005

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

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**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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 CIGARRAN THOMAS G

2. Issuer Name and Ticker or Trading Symbol  
 AMERICAN HEALTHWAYS INC  
 [AMHC]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction  
 (Month/Day/Year)  
 12/28/2005

Director  10% Owner  
 Officer (give title below)  Other (specify below)

AMERICAN HEALTHWAYS, INC., 3841 GREEN HILLS VILLAGE DRIVE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

NASHVILLE, TN 37215

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
|                                 |                                      |  | Code                           | V Amount (A) or (D) Price   |   |  |   |
| Common Stock                    | 12/28/2005                           |  | M                              | 18,750 A \$ 1.89  | 273,033   | D  |   |
| Common Stock                    | 12/28/2005                           |  | M                              | 4,354 A \$ 7.24   | 277,387   | D  |   |
| Common Stock                    | 12/28/2005                           |  | S                              | 10,000 D \$ 46.212  | 267,387   | D  |   |
| Common Stock                    | 12/28/2005                           |  | S                              | 8,750 D \$ 46.1445  | 258,637   | D  |   |
|                                 | 12/28/2005                           |  | S                              | 4,354 D   | 254,283   | D  |   |

|              |  |         |         |   |  |  |  |
|--------------|--|---------|---------|---|--|--|--|
| Common Stock |  | \$      |         |   |  |  |  |
|              |  | 46.4089 |         |   |  |  |  |
| Common Stock |  |         | 402,062 | I |  |  | Held in Thomas G. Cigarran Annuity Trust |
| Common Stock |  |         | 3,910   | I |  |  | Held in 401(k) Plan                      |

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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(9-02)

**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. Transaction Code (Instr. 8) | 5. Number of Derivative 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) |              |                            |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--------------|----------------------------|
|  |  |                                      |  |                                |   | Date Exercisable   | Expiration Date   | Title        | Amount or Number of Shares |
|  |  |                                      |  | Code                           | V (A) (D)   |  |   |              |                            |
| Option to Buy                              | \$ 1.89  | 12/28/2005                           |  | M                              | 18,750  | 09/29/2001 <sup>(1)</sup>                                | 09/29/2010  | Common Stock | 18,750                     |
| Option to Buy                              | \$ 7.24  | 12/28/2005                           |  | M                              | 4,354   | 08/27/2003 <sup>(3)</sup>                                | 08/27/2012  | Common Stock | 4,354                      |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| CIGARRAN THOMAS G<br>AMERICAN HEALTHWAYS, INC.<br>3841 GREEN HILLS VILLAGE DRIVE<br>NASHVILLE, TN 37215 | X             |           |         |       |

## Signatures

/s/ Mary A. Chaput, by power of attorney for Thomas G.  
Cigarran

12/28/2005

\_\_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).
- (1) Option vests 25% per year beginning on 9/29/2001.
- (2) Information in this column is left blank because the transaction represents the conversion of a security.
- (3) Option vests 25% per year beginning on 8/27/2003.

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.