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HOOVER MICHAEL K

Form 4

February 27, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 FORM 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person Hoover, Michael K c/o 2555 Davie Road, Suite 110

Fort Lauderdale, FL 33317

- 2. Issuer Name and Ticker or Trading Symbol ProxyMed, Inc. PILL
- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year 02/24/2003
- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner (X) Officer (give title below) () Other (specify below)
 - Chairman and Chief Executive Officer
- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - (X) Form filed by One Reporting Person
 - () Form filed by More than One Reporting Person

Table I Non-Derivative	Securit	ies Acqui	ired, Disposed o	f, or	Beneficiall	y Owned
1. Title of Security	Trans	action 	4.Securities Acq or Disposed of Amount	(D)	/	5.Amount of Securities Beneficially Owned at End of Month
Common Stock, \$.001 par value	L 2/24/0 3	P V	1,000	A 	\$8.80 	
Common Stock, \$.001 par value	L 2/24/0 3	P V 1	1,000	A 	\$8.91 	
Common Stock, \$.001 par value	L 2/24/0 3	P V 2	1,000	A 	\$8.97 	139,092

Table II Derivativ	re Securit:	ites Acquired	d, Disposed of, o	or Beneficially Owned	
	version or Exer cise	Transaction 	rivative Secu rities Acqui red(A) or Dis posed of(D)		8.P of vat Sec rit

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Secu-	İ	İ	1 1	İ	D cisa-	- Date	İ	Title and Number of Shares	
1	I				I		I	ı	ı

Explanation of Responses: SIGNATURE OF REPORTING PERSON Michael K. Hoover DATE 2/27/03