#### **GATTINELLA WAYNE T**

Form 5

February 13, 2009

#### **OMB APPROVAL** FORM 5 **OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1(b).

(City)

1. Name and Address of Reporting Person ** GATTINELLA WAYNE T			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	HLTH CORP [HLTH]  3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)				
669 RIVER DRIVE, CENTER 2			(Month/Day/Year) 12/31/2008	Director 10% Owner _X Officer (give title Other (specify below)  CEO & President, WebMD Health				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting  (check applicable line)				
ELMWOOD	) PARK, N	NJÂ 07407		_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting				

Person

(City)	(State) (Z	Zip) Table	e I - Non-Deri	vative Securiti	es Acqu	ired, Disposed o	f, or Beneficial	ly 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) Disposed of (I (Instr. 3, 4 and  (A) or Amount (D)	O) 15)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/10/2008	Â	G	700 (1) D	\$0	9,230	D	Â
Common Stock	04/10/2008	Â	G	600 <u>(1)</u> D	\$ 0	8,630	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(State)

(Zip)

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.

**SEC 2270** (9-02)

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

### Edgar Filing: GATTINELLA WAYNE T - Form 5

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
									or	
						Date	Expiration		Number	
						Exercisable	Date		of	
					(A) (D)				Shares	

D

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
topolong o when I while white obs	Director	10% Owner	Officer	Other		
GATTINELLA WAYNE T 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407	Â	Â	CEO & President, WebMD Health	Â		

## **Signatures**

Lewis H. Leicher, Attorney-in-Fact for Wayne T.

Gattinella

02/13/2009

\*\*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) Reflects charitable gift.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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