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PROXYMED INC /FT LAUDERDALE/

Form 4

August 24, 2001

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
Cramer, Gerald B
c/o 2555 Davie Road, Suite 110
Fort Lauderdale, FL 33317
USA
2. Issuer Name and Ticker or Trading Symbol

- 2. Issuer Name and Ticker or Trading Symbol ProxyMed, Inc.
 PILLD
- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year 08/23/2001
- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below) Director
- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - (X) Form filed by One Reporting Person
 - () Form filed by More than One Reporting Person

1. Title of Security	2. 3.	5.Amount of Securities Beneficially		
	Transacti			
	i i	i i	A/	Owned at
	Date Cod	de V Amount	D Price	End of Month
Common Stock, \$.001 par	val 08/23/ P	V 10,000	A \$12.60	97,430*
ue	01		1 1	1

Table II Derivativ	e Securit	ites <i>P</i>	Acquired	, Dispose	ed of,	or Bene	eficially	7 Owned	
1.Title of Derivative	2.Con-	13.	4.	5.Numbe	r of De	6.Dat	e Exer 7	7.Title and Amount	8.F
Security	version	Trans	saction	rivati	ve Secu	cisab	ole and	of Underlying	of
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		1			1	1	1	1	

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Explanation of Responses:

*Total number of securities beneficially owned have been adjusted to reflect a 1-15 reverse stock split effective 8/21/01. SIGNATURE OF REPORTING PERSON

Gerald B. Cramer

DATE

August 24, 2001