Edgar Filing: MATRIA HEALTHCARE INC - Form 4

MATRIA HE Form 4 June 03, 2005	EALTHCARE IN	С									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									lanuary 31		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES2005 Estimated average burden hours per response0.5Statement of the public Utility Holding Company Act of 1935 or Section 											
(Print or Type Responses)											
SANDERS CARL E Syr				2. Issuer Name and Ticker or Trading Symbol MATRIA HEALTHCARE INC [MATR]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 600 PEACHTREE ST. NE			3. Date of Earliest Transaction(Month/Day/Year)06/01/2005					X_ Director 10% Owner Officer (give title Other (specify below) below)			
				ndment, Dat h/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ATLANTA,	GA 30308							Form filed by I Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, any (Month/Day/Yea		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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)		
Common Stock (1)	08/08/1998			A	0	A	\$ 0	27,400	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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 purchase)	\$ 14.33	12/15/1997		А	1,875	12/15/1998	12/15/2007	Common Stock	1,875
Option (right to purchase)	\$ 14	02/24/1998		А	7,500	02/24/1999	02/24/2008	Common Stock	7,500
Option (right to purchase)	\$ 12.16	05/18/1998		А	3,750	05/18/1999	05/18/2008	Common Stock	3,750
Option (right to purchase)	\$ 16	07/23/1999		А	3,750	07/23/2000	07/23/2009	Common Stock	3,750
Option (right to purchase)	\$ 12	05/18/2000		А	3,750	05/18/2001	05/18/2010	Common Stock	3,750
Option (right to purchase)	\$ 10.57	05/24/2001		А	5,625	05/24/2002	05/11/2011	Common Stock	5,625
Option (right to purchase)	\$ 14.57	06/03/2004		А	10,125	06/03/2005	06/03/2014	Common Stock	10,125
Option (right to purchase) (2)	\$ 29.33	06/01/2005		А	6,000	06/01/2006	06/01/2015	Common Stock	6,000

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Reporting Owners

RelationshipsReporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerOtherSANDERS CARL EX500 PEACHTREE ST. NEX500 PEACHTREE ST. NEXATLANTA, GA 30308X500 FEACH500 FEACH500 FEACH

Signatures

Roberta L. McCaw as Power of Attorney for Carl E. Sanders

06/03/2005

**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) No transaction to report.
- (2) Granted 06/01/2005 under Issuer's Non-employee Director Stock Option Plan and vests in twelve monthly installments thereafter.

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.