### Edgar Filing: MATRIA HEALTHCARE INC - Form 4

MATRIA HE Form 4 July 05, 2005	ALTHCARE IN	С											
FORM A								OMB APPROVAL					
UNITED STATES SECURITIES A					S AND EXCHANGE COMMISSION on, D.C. 20549				OMB Number:	3235-0287			
Check this if no longe	ar .								Expires:	January 31, 2005			
subject to Section 16.				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per		
Form 4 or Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	response 0.5				
obligation may conti <i>See</i> Instru- 1(b).	s Section 17(a	) of the P		ility Hol	lding	g Com	pany	Act o	f 1935 or Sectio	n			
(Print or Type R	esponses)												
HALL THOMAS S Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol MATRIA HEALTHCARE INC [MATR]					-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 1850 PARKY	(First) (M WAY PLACE		3. Date of (Month/Da (Month/Da 06/08/20	ay/Year)	Fransa	action			Director X_ Officer (give below) Pre-		b Owner er (specify		
(Street) 4. If Ame				If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
MARIETTA	, GA 30067		Filed(Mont			8			Applicable Line) _X_ Form filed by (	-	erson		
(City)	(State) (2	Zip)	Table	I - Non-l	Deriv	vative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any			tionA D ) (Ii	isposed nstr. 3,	(A) o of (D 4 and (A) or	) 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code			(D)	Price					
Stock (1)	08/08/1988			J	0		А	\$0	168	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. Transactio Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Option (right to buy) $(2)$	\$ 6.2	10/22/2002		J	100,003	10/22/2006	10/22/2012	Common Stock	100,00
Option (right to buy) $(3)$	\$ 5.84	10/26/2003		J	32,400	03/12/2007	03/12/2013	Common Stock	32,400
Option (right to buy) (4)	\$ 16.79	08/11/2004		J	33,751	08/11/2008	08/11/2014	Common Stock	33,751
Option (right to buy) (5)	\$ 29.97	06/08/2005		А	33,750	06/08/2010	06/08/2015	Common Stock	33,750

### Edgar Filing: MATRIA HEALTHCARE INC - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HALL THOMAS S 1850 PARKWAY PLACE MARIETTA, GA 30067			President & COO				
Signatures							
Roberta L. McCaw, Attorney in S. Hall	07/05/2005						
<u>**</u> Signature of Reportin	g 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) Shares subject to accelerated vesting based on Issuer's performance with full vesting to occur no later than 10/22/2006.
- (3) Granted 03/12/2003 and vests 20% per annum thereafter.
- (4) Granted 08/11/2004 and vests 20% per annum thereafter.
- (5) Granted 6/08/2005 and vests 20% per annum 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.

#### **Reporting Owners**