Edgar Filing: MATRIA HEALTHCARE INC - Form 4

MATRIA HI Form 4 May 12, 200	EALTHCARE I	NC									
FORM	1 4									OMB AF	PROVAL
	UNITED	STATES				ND EX D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: Estimated a burden hou	rs per	
Form 5 obligation may cont See Instru 1(b).	Filed pu ns inue. Section 17	(a) of the l		tility H	lold	ing Con	npany	Act of	e Act of 1934, 71935 or Sectior 40	response	0.5
(Print or Type F	Responses)										
1. Name and A MCCAW R	ddress of Reporting OBERTA L	g Person <u>*</u>	2. Issuer Symbol MATRI [MATR	A HE		Ticker or ΓHCAR		-	5. Relationship of Issuer (Check	Reporting Pers	
(Last) 1850 PARK	(First)	(Middle)	3. Date of (Month/D 04/27/20	ay/Year		ansaction			Director XOfficer (give below) SVF		Owner r (specify
			Amendment, Date Original I(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
MARIETTA	A, GA 30067								Person	ore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any		Code (Instr.	8)	4. Securi n(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	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)	04/27/2006			А	V	87	A	\$ 32.27	19,174	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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy)	\$ 12.37	02/19/2002		J	2,356	02/19/2006	02/19/2012	Common Stock	2,356
Option (right to buy) <u>(2)</u>	\$ 5.84	03/12/2003		J	6,212	03/12/2008	03/12/2013	Common Stock	6,212
Option (right to buy) (<u>3)</u>	\$ 13.58	02/15/2006		J	15,185	12/18/2008	12/18/2013	Common Stock	2,439
Option (right to buy) (4)	\$ 16.79	02/16/2006		J	7,199	08/11/2009	08/11/2014	Common Stock	1,801
Option (right to buy) <u>(5)</u>	\$ 29.97	06/08/2005		J	9,000	06/08/2010	06/08/2015	Common Stock	9,000
Option (right to buy) <u>(6)</u>	\$ 34.67	11/08/2005		J	15,000	11/08/2008	11/08/2015	Common Stock	15,000

Edgar Filing: MATRIA HEALTHCARE INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCCAW ROBERTA L 1850 PARKWAY PLACE MARIETTA, GA 30067			SVP & Secretary				
Cianaturaa							

Signatures

Roberta L.	05/12/2006
McCaw	03/12/2000

<u>**</u>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) Purchased pursuant to Employee Stock Purchase Plan for quarter ended 03/31/2006.
- (2) Granted on 03/12/2003 and vests 20% per annum thereafter.
- (3) Granted on 12/18/2003 and vests 20% per annum thereafter.
- (4) Granted on 08/11/2004 and vests 20% per annum thereafter.
- (5) Granted on 06/08/2005 and vests 20% per annum thereafter.
- (6) Granted on 11/08/2005 and vests 33 1/3% 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.