INTEGRAMED AMERICA INC
Form 4
June 05, 2002

1. Name and Address of Reporting Person
   Lifchez, M.D., Aaron
   IntegraMed America, Inc.
   One Manhattanville Road
   Purchase, NY 10577-2100
2. Issuer Name and Ticker or Trading Symbol
   IntegraMed America, Inc. (INMD)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
   5/2002
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   (X) Director ( ) 10% Owner
   ( ) Officer (give title below) ( ) Other (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)
   (X) Form filed by One Reporting Person
   ( ) Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security | 2. Transaction Date (Month/Day/Year) | 3. Transaction Code | | 4. Securities Acquired (A) or Disposed of (D) | | | 5. Amou |
|---|---|---|---|---|---|---|---|
| | | Code | V | Amount | A/D | Price | |
| Common Stock | 05/21/2002 | J | | | | | |