RESPIRONICS INC

Form 4

March 10, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * MILES JOHN C II

(First)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

(Middle)

(Zip)

RESPIRONICS INC [RESP] 3. Date of Earliest Transaction

X_ Director

10% Owner

Beneficial

Ownership

(Instr. 4)

(9-02)

27810 RIVERWALK WAY

(Month/Day/Year)

03/06/2008

Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

(Check all applicable)

(Street) 4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

BONITA SPRINGS, FL 34134

(State)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) anv (Month/Day/Year)

4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

Amount

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Owned Indirect (I) Following (Instr. 4)

Reported Transaction(s)

(A) (Instr. 3 and 4) (D) Price

Code V Common 03/06/2008 U

12,573 D \$ 66 0

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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)

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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. Transaction 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour Number Shares
Stock Option	\$ 50.4	03/06/2008		D	10,200	11/21/2003	11/21/2012	Common Stock	10,
Stock Option	\$ 44.18	03/06/2008		D	13,000	11/21/2004	11/21/2013	Common Stock	13,
Stock Option	\$ 38.31	03/06/2008		D	13,000	11/19/2005	11/19/2014	Common Stock	13,
Stock Option	\$ 26.78	03/06/2008		D	13,000	11/18/2006	11/18/2015	Common Stock	13,
Stock Option	\$ 30.7	03/06/2008		D	9,700	11/17/2007	11/17/2016	Common Stock	9,7
Stock Option	\$ 15.5	03/06/2008		D	13,000	11/16/2008	11/16/2017	Common Stock	13,
Phantom Stock	\$ 66	03/10/2008		D	8,572.833	<u>(1)</u>	<u>(1)</u>	Common Stock	8,572

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
MILES JOHN C II 27810 RIVERWALK WAY BONITA SPRINGS, FL 34134	X					

Signatures

Dorita A. Pishko; Attorney-in-Fact 03/10/2008

**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).
- The common stock underlying the Phantom Stock acquired over time under the Respironics Non-Employee Directors Deferred

 (1) Compensation Plan (the "Plan") will be settled in cash. Payments will be made on a date or dates certain, based on the reporting person's election to receive either a single cash payment or a specified number of annual installments.

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.

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