

MERGE HEALTHCARE INC
Form 3
June 06, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Wells Antonia		(Month/Day/Year)	MERGE HEALTHCARE INC [MRGE]	
(Last)	(First)	06/04/2008		
6737 WEST WASHINGTON STREET, SUITE 2250		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)		(Check all applicable)		
MILWAUKEE, WI 53214		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President, Merge OEM Division		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	11,347	D	^
Restricted Common Stock	53,333	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Options	Â (1)	05/11/2008	Common Stock	19,567	\$ 2.75	D	Â
Stock Options	Â (2)	05/31/2011	Common Stock	25,000	\$ 17.5	D	Â
Stock Options	Â (3)	10/19/2011	Common Stock	10,000	\$ 17.82	D	Â
Stock Options	Â (4)	11/16/2012	Common Stock	25,000	\$ 6.34	D	Â
Stock Options	Â (5)	04/02/2013	Common Stock	35,000	\$ 4.99	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wells Antonia 6737 WEST WASHINGTON STREET SUITE 2250 MILWAUKEE, WI 53214	Â	Â	Â President, Merge OEM Division	Â

Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Antonia Wells 06/06/2008

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Nonqualified replacement options to purchase 9,784 shares of Common Stock as of June 1, 2005 and 9,784 shares of Common Stock as of May 12, 2006.
- (2) Nonqualified options to purchase 6,250 shares of Common Stock vesting on each of June 1, 2005, June 1, 2006, June 1, 2007 and June 1, 2008.
- (3) Nonqualified options to purchase 2,500 shares of Common Stock vesting on each of October 20, 2006, October 20, 2007, October 20, 2008 and October 20, 2009.
- (4) Nonqualified options to purchase 6,250 shares of Common Stock vesting on each of November 17, 2007, November 17, 2008, November 17, 2009 and November 17, 2010.
- (5) Nonqualified options to purchase 8,750 shares of Common Stock vesting on each of April 3, 2008, April 3, 2009, April 3, 2010 and April 3, 2011.

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.