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					