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| EMAGEON INC Form 4 November 21, 2005 FORM 4 November 21, 2005 FORM 4 Number: OMB APPROVAL NITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Biled pursuant to Section 16(a) of the Securities Exchange Act of 1934, State pursuant to Section 16(a) of the Securities Exchange Act of 1935 or Section 1(b). | | | | | | | | | | |
|---|--|---|---|--------|-------------|--|---|----------|--|--|
| (Print or Type Responses) | | | | | | | | | | |
| | Address of Reporting Person <u>*</u> Hugh H III | Symbol | 2. Issuer Name and Ticker or Trading Symbol EMAGEON INC [EMAG] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 1200 CORF 200 | (First) (Middle) PORATE DRIVE, SUITE | (Month/Day/Year) | - | | | | Officer (give title Other (specify below) below) | | | |
| BIRMING | (Street) HAM, AL 35242 | 4. If Amendment, Day Filed (Month/Day/Yea | 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 Person | | | |
| (City) | (State) (Zip) | Table I - Non-I | Derivative | Secur | ities Acqu | iired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | any | | 4. Securit on(A) or Di (Instr. 3, - | sposed | l of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4) | | | |
| Common | | Code V | Amount | (D) | Price \$ | (Instr. 3 and 4) | | | | |
| Stock | 11/15/2006 | S | 10,000 | D | ф 16.09 | 97,805 | D | | | |
| Common Stock | 11/15/2006 | S | 2,000 | D | \$ 16.15 | 95,805 | D | | | |
| Common Stock | 11/15/2006 | S | 15,500 | D | \$ 16.16 | 80,305 | D | | | |
| Common Stock | 11/15/2006 | S | 10,000 | D | \$ 16.17 | 70,305 | D | | | |
| Common Stock | 11/15/2006 | S | 16,044 | D | \$ 16.18 | 54,261 | D | | | |

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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) | 4. Transacti Code (Instr. 8) | Securities Acquired | 3 | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Beno |
|---|---|---|---------------------------------------|---|---------------------|--------------------|--|------------------------|---|--|
| | | | | (A) or Disposed of (D) (Instr. 3, 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number | | Repo Trans (Instr |
| | | | Code V | (A) (D) | | | | of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Williamson Hugh H III 1200 CORPORATE DRIVE SUITE 200 BIRMINGHAM, AL 35242 | Х | | | |
| Signatures | | | | |
| W. Todd Carlisle, Attorney-in- | fact for H | lugh H. | | |

W. Todd Carlisle, Attorney-in-fact for Hugh H. Williamson

11/20/2006

**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).

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.