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Form 4 April 19, 200		INC									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
		Washington, D.C. 20549						OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or	box T STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hour response			
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
CIGARRAN THOMAS G Symbol			uer Name and Ticker or Trading I RICAN HEALTHWAYS INC				5. Relationship of Reporting Person(s) to Issuer				
					1101		(Check all applicable)				
			/Dav/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	N HEALTHWAYS GREEN HILLS DRIVE	, 04/15/	2005			L	(10 w)	below)			
(Street) 4. If Amendm Filed(Month/D				h/Day/Year) Appl				Individual or Joint/Group Filing(Check oplicable Line) K_ Form filed by One Reporting Person			
NASHVILL	E, TN 37215					-	Form filed by More Person				
(City)	(State) (Zi	p) Ta l	ble I - Non-	-Derivative S	Securiti	ies Acqui	ired, Disposed of,	or Beneficial	ly Owned		
	ecurity (Month/Day/Year) Execution Date, if			4. Securitie iomr Dispose (Instr. 3, 4	d of (D and 5))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	04/15/2005		J	254,283 (1)	А	\$ 35.45	254,283 <u>(1)</u>	D			
									Held in Thomas		
Common Stock							402,062 <u>(1)</u>	Ι	G. Cigarran Annuity Trust		
Common Stock							3,895	Ι	Held in 401(k)		

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Plan

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

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
CIGARRAN THOMAS G AMERICAN HEALTHWAYS, INC. 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215	Х							
Signatures								
/s/ Thomas G. 04/18/2005								

**Signature of Reporting Person

Cigarran

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).

Since the reporting owner's previous report, on May 20, 2004 the reporting owner transferred to himself, as trustee of a grantor retained annuity trust (GRAT), 656,345 shares of the issuer's common stock that were previously held directly. On April 15, 2005, the reporting

(1) owner substituted assets of equal value into the GRAT in exchange for 254,283 shares. As such, although the reporting owner's total ownership did not change, these 254,283 securities are now directly owned by the reporting owner rather than indirectly owned through the GRAT.

Relationships

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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.