

NOVAMED INC  
Form 4  
February 23, 2007

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
**CLARK JACK M JR**

(Last) (First) (Middle)

C/O NOVAMED, INC., 980  
NORTH MICHIGAN AVENUE,  
SUITE 1620

(Street)

CHICAGO, IL 60611

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
NOVAMED INC [NOVA]

3. Date of Earliest Transaction  
(Month/Day/Year)  
02/21/2007

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
Exec VP & Chief Revenue Ofcr

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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 (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock	02/21/2007		A		8,333	(A) (4)	\$ 0
					12,330	(1)	D

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

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SEC 1474  
(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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Table with 7 main columns: 1. Title of Derivative Security, 2. Conversion or Exercise Price, 3. Transaction Date, 3A. Deemed Execution Date, 4. Transaction Code, 5. Number of Derivative Securities, 6. Date Exercisable and Expiration Date, 7. Title and Amount of Underlying Securities. Includes rows for Stock Options (right to buy) with prices of \$7.1, \$6.87, and \$7.35.

Reporting Owners

Table with columns: Reporting Owner Name / Address, Director, 10% Owner, Officer, Other. Entry for CLARK JACK M JR, C/O NOVAMED, INC., 980 NORTH MICHIGAN AVENUE, SUITE 1620, CHICAGO, IL 60611, with role of Exec VP & Chief Revenue Ofcr.

Signatures

/s/ John W. Lawrence, Jr. by Power of Attorney, Date: 02/23/2007

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).
(1) Represents restricted shares of common stock.
(2) Subject to certain restrictions, 12,500 of these options vested on 10/3/06 with the remainder vesting approximately 2,083 per month starting on 11/3/06.
(3) Subject to certain restrictions, 1,563 of these options vested on 12/20/06 with the remainder vesting approximately 260 per month starting on 1/20/07.
(4) Represents a restricted stock award which shall vest over 4 years (subject to continued employment) as follows: approximately 1,042 will vest on 8/21/07 with the remainder vesting approximately 521 per quarter starting on 11/21/07.

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- (5) Subject to certain restrictions, 3,125 of these options will vest on 8/21/07 with the remainder vesting approximately 521 per month starting 9/21/07.

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.