Edgar Filing: AMEDISYS INC - Form 4

AMEDISYS	INC										
Form 4	• • • • •										
October 03,											
FORM	14 UNITED	STATES (SECUR	TTIFS A	ND FX(Ή Λ	NGE C	OMMISSION		PROVAL	
		STATES		shington,				01/11/11/05101	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c	ger STATEN 16. pr	MENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31 200Estimated average burden hours per response0.		
Form 5 obligatio may cont <i>See</i> Instr 1(b).	ns Section 17(a	a) of the P	ublic Ut		ling Con	ipany	Act of	Act of 1934, 1935 or Sectior 0	1		
(Print or Type l	Responses)										
RICCHIUTI PETER Symbol				Name and Ticker or Trading 5. Relati Issuer SYS INC [AMED]				•	tionship of Reporting Person(s) to		
						ין		(Check	k all applicable)	
(Last) 5959 S. SHI BLVD.	(First) (N ERWOOD FORE	(3. Date of (Month/D 10/02/20	•	ansaction			X Director Officer (give t below)		Owner er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BATON RO	DUGE, LA 70816							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any Code (Instr. 3, 4 and 5) Beneficially (Month/Day/Year) (Instr. 8) Owned Following (A) Reported Transaction(s)		Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
~				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	10/02/2008			M <u>(4)</u>	300	А	\$ 7.46	15,597 <u>(3)</u>	D		
Common Stock	10/02/2008			S <u>(4)</u>	300	D	\$ 48.29	15,297 <u>(3)</u>	D		

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.

Edgar Filing: AMEDISYS INC - Form 4

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. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date		7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) 5	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) (2)	\$ 7.46 <u>(2)</u>	10/02/2008	M <u>(4)</u>	300 (2)	01/01/2003(1)	06/30/2012	Common Stock	300

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
FB	Director	10% Owner	Officer	Other
RICCHIUTI PETER 5959 S. SHERWOOD FOREST BLVD. BATON ROUGE, LA 70816	Х			
Signatures				

/s/ Celeste Rasmussen Peiffer on behalf of Peter Ricchiuti pursuant to a power of attorney 10/03/2008

**Signature of Reporting Person

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) 50% exercisable on the date indicated, 50% of the balance exercisable on July 1, 2003 and the balance exercisable on January 1, 2004.

This option was previously reported as covering a total of 10,000 shares at an exercise price of \$9.95 per share, but was adjusted to (2) 13,334 shares at an exercise price of \$7.46 per share as a result of the 4-for-3 stock split of the issuer's stock that occured on December 4, 2006.

- (3) On December 4, 2006, the common stock of Amedisys, Inc. split 4-for-3. Ownership totals are reflected on a split-adjusted basis.
- (4) The option exercises and stock sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.

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.

Date