Fritch Herbert A Form 4 November 10, 2009

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Add Fritch Herbert	•	ing Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol HealthSpring, Inc. [HS]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	ast) (First) (Middle		3. Date of Earliest Transaction	(2 un appneacie)			
9009 CAROTHERS PARKWAY, SUITE 501			(Month/Day/Year) 11/09/2009	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Chairman & CEO			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
FRANKLIN, TN 37067			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

	(City)	(State)	Zip) Table	e I - Non-D	erivative	Securiti	es Acqu	iired, Disposed of	, or Beneficiall	y Owned
	Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	
S	ecurity	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or Di	isposed o	of (D)	Securities	Form: Direct	Indirect
(I	nstr. 3)		any	Code	(Instr. 3,	4 and 5)	)	Beneficially	(D) or	Beneficial
			(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
						(4)		Reported		
						(A)		Transaction(s)		
				~		or		(Instr. 3 and 4)		
				Code V	Amount	(D)	Price			
	lommon tock	11/09/2009		S(1)	4,400	$D = \begin{cases} 1 \\ 1 \end{cases}$	§ 15.83	3,802,090	D (2)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: Fritch Herbert A - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			ate	7. Title Amoun Under	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
	Derivative Security				Securities Acquired			(Instr.	3 and 4)		Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
					4, and 3)				Amount		
						Date Exercisable	Expiration Date	Title	or Number of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
noporomg o whor runne, radia cos	Director	10% Owner	Officer	Other			
Fritch Herbert A 9009 CAROTHERS PARKWAY SUITE 501 FRANKLIN, TN 37067	X		Chairman & CEO				

# **Signatures**

/s/ Herbert A.
Fritch

\*\*Signature of Reporting Person

11/10/2009

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).
- (1) The sales reported in this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the reporting person on August 26, 2009.
- The reporting person does not have any investment control or pecuniary interest in shares held by certain trusts, the beneficiaries of which (2) are family members, that were previously reported as being indirectly owned. Shares held by these trusts will not be included as indirect holdings in this or future Form 4 filings unless circumstances change and such reporting is so required.

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.

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