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AMEDICING INC

Form 4											
March 16, 2	_								OMB AF	PROVAL	
	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANGES IN BENEFIC SECURITIES Filed pursuant to Section 16(a) of the Securities					ities I	Exchange	Act of 1934,	Expires: January 20 Estimated average burden hours per response			
See Instr 1(b).		30(h)	of the Ir	ivestment	t Compa	ny Ao	ct of 1940)			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> RICCHIUTI PETER								5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (1	Middle)		f Earliest T	-	(Check	(Check all applicable)				
5959 S. SHERWOOD FOREST BLVD.			03/13/2015					_X_ Director10% Owner Officer (give titleOther (specify below)below)			
(Street) BATON ROUGE, LA 70816			Filed(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)	Tab	la I Nan I	Domissotiss	Som			or Donoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Table I - Non-Derivative Securities Acquired (and the securi			cquired (A) (D)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				(A) or Code V Amount (D) Price		Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	03/13/2015			S	3	D	\$ 27.17	79,500	D		
Common Stock	03/13/2015			S	609	D	\$ 27.2502	78,891	D		
Common Stock	03/13/2015			S	1,391	D	\$ 27.251	77,500	D		

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

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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)	ative Conversion (Month/Day/Yea ty or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repor	rting O	wners									
			R	Relationship	ps						

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
RICCHIUTI PETER 5959 S. SHERWOOD FOREST BLVD. BATON ROUGE, LA 70816	Х				
Signatures					
/s/ Celeste Rasmussen Peiffer on behalf or attorney	of Peter Ri	cchiuti pursu	uant to a	power of	03/16/2015
<u>**</u> Signature of	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.