Edgar Filing: Dearborn Justin C - Form 4

| Dearborn Jus Form 4 | | | | | | | | | | | |
|--|--|-------------|--|-------------|-------------|--|------------|---|--|---------------------|--|
| November 19 | ГЛ | | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | |
| Check thi if no long | er | | _ ~ | ~~~~ | | ~ | | | Expires: | January 31, 2005 | |
| subject to Section 1 Form 4 o | subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16. SECURITIES Form 4 or | | | | | | NERSHIP OF | Estimated average burden hours per response | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ns Section 17(a | a) of the l | Public Ut | | ling Com | pany | Act of | e Act of 1934, E 1935 or Section 40 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and A Dearborn Ju | 2. Issuer Name and Ticker or Trading Symbol MERGE HEALTHCARE INC | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| N [] | | | | | HCARE | INC | | (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | X Director 10% Owner X Officer (give title Other (specify below) below) | | | |
| STREET, S | WASHINGTON UITE 2250 | 1 | 11/17/20 | 008 | | | | Pres | sident & CEO | | |
| | | | 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 | | | |
| MILWAUK | EE, WI 53214 | | | | | | | Form filed by M Person | fore than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecuri | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | | n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | of (D) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 11/17/2008 | | | Р | 2,800 | A | \$ 0.68 | 2,800 | D | | |
| Common Stock | 11/17/2008 | | | Р | 10,000 | А | \$ 0.69 | 12,800 | D | | |
| Common Stock | 11/18/2008 | | | Р | 20,000 | А | \$ 0.76 | 32,800 | D | | |

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. 6. Date Exercisable a ionNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | tle and unt of rrlying rities : 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|--|
| Repo | rting O | wners | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Dearborn Justin C 6737 WEST WASHINGTON STREET SUITE 2250 MILWAUKEE, WI 53214 | Х | | President & CEO | | | | |
| Signatures | | | | | | | |
| /s/ Julie Ann B. Schumitsch, by Power of Attorney for Justin C. Dearborn | | | | | | | |
| <u>**</u> 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).

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.