#### Edgar Filing: PROXYMED INC /FT LAUDERDALE/ - Form 4

PROXYMED INC /FT LAUDERDALE/ Form 4 August 16, 2007 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 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 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading GALLEON HEALTHCARE Issuer Symbol **OFFSHORE LTD** PROXYMED INC /FT (Check all applicable) LAUDERDALE/ [PILL] (Last) (First) (Middle) 3. Date of Earliest Transaction Director X\_\_ 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) 590 MADSION AVE, 34TH FLOOR 08/15/2007 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Dav/Year) Applicable Line) \_X\_ Form filed by One Reporting Person \_ Form filed by More than One Reporting NEW YORK, NY 10022 Person (Zip) (City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 7. Nature of 3. 4. Securities Acquired (A) 5. Amount of 6. Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial any (Month/Day/Year) Owned (Instr. 8) Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price Common 08/15/2007 Ρ 56.019 \$ 3.45 1,504,185 D Α Stock Common 08/15/2007 Ρ 3,847 \$ 3.46 1,508,032 D Α Stock Common 08/15/2007 Ρ 16.541 Α \$ 3.47 1,524,573 D Stock Common 08/15/2007 Ρ 14.666 D A \$ 3.48 1.539.239 Stock Common 08/15/2007 Ρ 235,199 A \$ 3.51 D 1,774,438 Stock

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Common Stock	08/15/2007	Р	991	А	\$ 3.5175	1,775,429	D
Common Stock	08/15/2007	Р	125,340	А	\$ 3.52	1,900,769	D
Common Stock	08/15/2007	Р	47,989	А	\$ 3.53	1,948,758	D
Common Stock	08/15/2007	Р	7,405	А	\$ 3.55	1,956,163	D
Common Stock	08/15/2007	Р	649	А	\$ 3.56	1,956,812	D

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

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 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. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title Amour Underl Securit (Instr. 2	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	Director 10% Owner O		Other				
GALLEON HEALTHCARE OFFSHORE L' 590 MADSION AVE, 34TH FLOOR NEW YORK, NY 10022	TD	Х						
Signatures								
/s/ George Lau, Chief Financial Officer	08/16/2007							

**Reporting Owners** 

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\*\*Signature of Reporting Person

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.