Edgar Filing: WATSON ANTHONY L - Form 4

WATSON A Form 4	NTHONY L										
March 22, 20	006										
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Subject to Section 16. Form 4 or Form 5 obligations may continue. Filed pursuant to Section 1 Section 17(a) of the Public U			ection 16 ablic Ut	NGES IN BENEFICIAL OWNERSHIP OF SECURITIES (6(a) of the Securities Exchange Act of 1934 (tility Holding Company Act of 1935 or Sect investment Company Act of 1940					Expires: January 31 2005 Estimated average burden hours per response 0.5		
See Instru 1(b).	iction	50(11) 01		vestillent v	compan	y 110	101174	.0			
(Print or Type R	Responses)										
WATSON ANTHONY L Symbol			r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
			SIERRA	A HEALTH SERVICES INC				(Check all applicable)			
(Month/Da			-				X Director Officer (give to below)		Owner er (specify		
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
LAS VEGAS, NV 89128				ur Day, I car)				_X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	I - Non-De	erivative	Secur	ities Aca	uired, Disposed of	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed			4. Securit n(A) or Di (Instr. 3, -	ies A spose	cquired d of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	03/21/2006			А	12	А	\$ 41.16	4,413	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.

 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)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code N	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
WATSON ANTHONY L							
2724 N. TENAYA WAY	Х						
LAS VEGAS, NV 89128							
Signatures							
Anthony L. Watson/Jayne Primaky, POA	03/22/2006						
**Signature of Reporting Person		Dat	te				

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.