

COMPUTER PROGRAMS & SYSTEMS INC  
 Form 3/A  
 February 09, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
 OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Bauleke Christopher Scott		(Month/Day/Year)	COMPUTER PROGRAMS & SYSTEMS INC [CPSI]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
				01/26/2016
6600 WALL STREET			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
MOBILE,Â ALÂ 36608			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)	CEO of Healthland Holding Inc.	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date			
		Title	Amount or Number of Shares		

Options to Purchase Common Stock      Â <sup>(1)</sup>      07/31/2023      Common Stock      66,009 <sup>(2)</sup> <sub>(3)</sub>      \$ 5.94      D      Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bauleke Christopher Scott 6600 WALL STREET MOBILE, AL 36608	Â	Â	Â CEO of Healthland Holding Inc.	Â

## Signatures

/s/ Matt J. Chambless, by power of attorney      02/09/2016

\*\*Signature of Reporting Person      Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) All of the options are time-based options which, as of January 8, 2016, became fully vested.  
Received in connection with the merger of Healthland Holding Inc. into a subsidiary of the Issuer (the "Merger") in exchange for an employee stock option to acquire 1,603,619 shares of Healthland Holding Inc. common stock for \$0.25 per share. Of the 66,009 options
- (2) to purchase Issuer common stock issued to the reporting person in the Merger, 7,502 options are currently being held in escrow and are subject to forfeiture during the 15-month period following the Merger to satisfy indemnification payments and other payments that become payable to the Issuer pursuant to the merger agreement.
- (3) 13,232 of these options to purchase common stock were omitted from the reporting person's original Form 3, and also were omitted from one Form 4 filed by the reporting person after his original Form 3 was filed.

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.