**NOVAMED INC** Form 4 July 14, 2006

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

30(h) of the Investment Company Act of 1940 1(b).

#### **OMB APPROVAL**

OMB Number:

3235-0287

Expires:

January 31, 2005

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response... 0.5

(Print or Type Responses)

(Last)

1620

Security

(Instr. 3)

Common

Stock

1. Name and Address of Reporting Person \* HALL THOMAS S

(First)

(Middle)

980 N. MICHIGAN AVE, SUITE

(Street)

(State)

07/14/2006

2. Issuer Name and Ticker or Trading Symbol

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

NOVAMED INC [NOVA]

3. Date of Earliest Transaction

(Month/Day/Year) 07/14/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below)

President & CEO

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Securities

Beneficially

CHICAGO, IL 60611

(City) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed

> (Month/Day/Year) Execution Date, if

(Zip)

(Month/Day/Year)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D)

(Instr. 8)

(Instr. 3, 4 and 5)

or

Owned Following (A)

Reported Transaction(s) (Instr. 3 and 4)

237,729

Code V Amount (D) Price \$ D F 1,534 6.39 (1)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: NOVAMED INC - Form 4

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. onNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ve es d			tle and Amount of 8 erlying Securities 1 . 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 6.49					(2)	11/14/2015	Common Stock	250,000 (2)	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HALL THOMAS S 980 N. MICHIGAN AVE, SUITE 1620 CHICAGO, IL 60611	X		President & CEO			

# **Signatures**

Reporting Person

/s/ Thomas S.
Hall

\*\*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).
- (1) Represents the disposition of shares to the Issuer to fund the Reporting Person's tax withholding obligations relating to the vesting on 7/14/06 of 5,208 shares of a restricted stock award, as permitted pursuant to the terms of the award.
- (2) Subject to certain restrictions, 31,250 of these options vested on 5/14/06 with the remainder vesting 5,208 per month starting on 6/14/06. 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.

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