Cline Jason L Form 3 June 15, 2009

## FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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 \* Cline Jason L

(Last) (First)

(Middle)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Statement (Month/Day/Year)

06/09/2009

4. Relationship of Reporting

**OUADRAMED CORP [ODHC]** 

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O QUADRAMED CORPORATION, Â 12110 SUNSET HILLS ROAD, SUITE 600

(Street)

10% Owner Director \_X\_\_ Officer Other (give title below) (specify below) SVP - Product Development

(Check all applicable)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

RESTON, VAÂ 20190

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

Beneficially Owned (Instr. 4)

Ownership

Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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. 5. Conversion Ownership or Exercise Form of Price of Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative Security:

### Edgar Filing: Cline Jason L - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	08/14/2016	Common Stock	10,000	\$ 9.2	D	Â
Employee Stock Option (right to buy)	(1)	06/07/2017	Common Stock	30,000	\$ 15.95	D	Â
Employee Stock Option (right to buy)	(1)	01/30/2018	Common Stock	20,000	\$ 10.2	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cline Jason L C/O QUADRAMED CORPORATION						
12110 SUNSET HILLS ROAD, SUITE 600	Â	Â	SVP - Product Development	Â		
RESTON, VA 20190						

## **Signatures**

/s/ Jason L.
Cline

\*\*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) The options vest in accordance with the terms of the 2004 Stock Compensation Plan; 25% vest on the first anniversary of the grant, with the remaining 75% vesting pro rata over the next 36 months.

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#### **Remarks:**

On June 9, 2009, Mr. Cline's position changed to the status of an executive officer of QuadraMed 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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