James Duncan W Form 4 July 29, 2009

## 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 1(b).

STATEMENT OF CHANGES IN 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)

(Last)

(City)

1. Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person \* James Duncan W

(First)

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

C/O QUADRAMED

CORPORATION, 12110 SUNSET HILLS ROAD, SUITE 600

(Street)

(State)

RESTON, VA 20190

Derivative Conversion

2. Issuer Name and Ticker or Trading

Symbol

QUADRAMED CORP [QDHC] 3. Date of Earliest Transaction

(Month/Day/Year) 07/27/2009

4. If Amendment, Date Original

Filed(Month/Day/Year)

3. 4. Securities

TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5) (Instr. 8)

(A) or

Code V Amount (D) Price

**OMB APPROVAL** 

OMB Number:

3235-0287

Expires:

January 31, 2005

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response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner

X\_ Officer (give title Other (specify below)

**Executive Vice President** 

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Ownership Owned (Instr. 4) Following (Instr. 4)

Reported Transaction(s)

(Instr. 3 and 4)

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

(Month/Day/Year)

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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of **Underlying Securities** 

#### Edgar Filing: James Duncan W - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired ( Disposed o (Instr. 3, 4, 5)	(A) or of (D)		Year)	(Instr. 3 and 4)	
				Code V	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 6.52	07/27/2009		A	300,000		<u>(1)</u>	07/27/2019	Common Stock	300,000

## **Reporting Owners**

Reporting Owner Name / Address			Relationships		
F	Director	10% Owner	Officer	Other	
James Duncan W C/O QUADRAMED CORPORATION 12110 SUNSET HILLS ROAD, SUITE 600	X		Executive Vice President		
RESTON, VA 20190					

# **Signatures**

/s/ Kelly G. Howard as Attorney in Fact for Duncan W. James

nature of Reporting Person Date

\*\*Signature of Reporting Person

# **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).
  - The options vest in accordance with the terms of the Inducement Stock Option Agreement, effective July 27, 2009 by and between the

07/29/2009

- (1) Company and Mr. James; 25% vest on the first anniversary of the grant, with the remaining 75% vesting pro rata over the next 36 months.
- (2) Mr. James was awarded the options as an inducement for his employment with the Company.

#### **Remarks:**

Mr. James joined QuadraMed on July 27, 2009 as Executive Vice President and will assume the office of President and Chief 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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