## ORION HEALTHCORP INC

Form 4 May 11, 2006

# FORM 4

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

5 Relationship of Reporting Person(s) to

obligations may continue. See Instruction

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

2 Jaguar Nama and Tiakar or Tradina

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Cain Dennis  (Last) (First) (Middle)  10700 RICHMOND AVENUE,			Symb	suer Name <b>and</b> Ticker ( ol ON HEALTHCOR)	Č	(Check all applicable)  Director 10% OwnerX Officer (give title Other (specify			
			(Mon	te of Earliest Transactio th/Day/Year) 9/2006	1				
	SUITE 300					below) below) Chief Executive Officer of MBS			
(Street)				Amendment, Date Origin Month/Day/Year)	ıal	6. Individual or Joint/Group Filing(Check Applicable Line)			
	HOUSTON,	TX 77024		• /		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(City)	(State) (	(Zip)	Cable I - Non-Derivativ	e Securities Acq	quired, Disposed o	f, or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	Code (Instr. 3 ar) (Instr. 8)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	C1 A			Code V Amou	nt (D) Price	;		By D/V	
	Class A Common	05/09/2006		J <u>(1)</u> 142,8	67 A (1)	473,133	I	Cain Family	

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.

Family,

LP

## Edgar Filing: ORION HEALTHCORP INC - Form 4

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

Cain Dennis 10700 RICHMOND AVENUE, SUITE 300 HOUSTON, TX 77024

Chief Executive Officer of MBS

## **Signatures**

/s/ Dennis Cain, By Stephen Murdock, Agent

05/11/2006

\*\*Signature of Reporting Person 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).

These shares were issued in connection with a purchase price adjustment resulting from the merger of Dennis Cain Physician Solutions,

(1) Ltd. and Medical Billing Services, Inc. into the Company in December 2004. The number of shares was determined based on an agreed upon formula set forth in the merger agreement.

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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