INTEGRAMED AMERICA INC Form 4 June 05, 2002 1. Name and Address of Reporting Person Lifchez, M.D., Aaron IntegraMed America, Inc. One Manhattanville Road Purchase, NY 10577-2100 2. Issuer Name and Ticker or Trading Symbol IntegraMed America, Inc. (INMD) 3. IRS or Social Security Number of Reporting Person (Voluntary) 4. Statement for Month/Year 5/2002 5. If Amendment, Date of Original (Month/Day/Year) 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below)

- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - (X) Form filed by One Reporting Person
 - () Form filed by More than One Reporting Person

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

+ 1. Title of Security 	+ 2. 	action	action		4. Securities Acquired (A) or Disposed of (D)				+ 5. 	Amou Secu		
	 '	Date (Month/	Code 							 	Bene Owne End	
 +	 +	Day/ Year)	+ Cod +				+ ount +	+ A/D +	+ Price +		+ +	Mont

Common Stock

05/21/2002 J