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I TRAX INC	1								
Form 4 May 12, 200	6								
FORM	ГЛ								PPROVAL
	UNITED	STATES SECUE Wa	RITIES A			NGE (COMMISSION	OMB Number:	3235-0287
Check thi	er							Expires:	January 31 2005
if no longer subject to Section 16. Form 4 or				LOW	NERSHIP OF	Estimated average burden hours per response 0.			
Form 5 obligatior may conti <i>See</i> Instru 1(b).	$\frac{18}{1000}$ Section 17(a	suant to Section 1 a) of the Public U 30(h) of the In	tility Hold	ling Com	npany	Act of	f 1935 or Section	n	
(Print or Type R	Responses)								
1. Name and A Fabius Rayn	ddress of Reporting I nond J	Symbol	r Name and X INC [AN			ıg	5. Relationship of Issuer		
(Last)	(First) (M	fiddle) 3. Date o	f Earliest Tra	ansaction			(Chec	k all applicable	;)
4 HILLMAN	N DRIVE, SUITE		Day/Year) 006				Director X Officer (give below) Pres. & Cl		b Owner er (specify fficer
	(Street)		endment, Dat nth/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0		
CHADDS F	ORD, PA 19317						Form filed by N Person	Iore than One Re	eporting
(City)	(State)	(Zip) Tab	le I - Non-D	erivative S	Secur	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)		 3. 4. Securities Acquired f Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) 				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
I-trax Common Stock	05/10/2006		Р	2,000	A	\$ 2.89	126,500	D	
I-trax Common Stock	05/11/2006		Р	600	А	\$ 2.87	127,100	D	
I-trax Common Stock	05/11/2006		Р	1,400	А	\$ 2.84	128,500	D	

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

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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. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Fabius Raymond J 4 HILLMAN DRIVE SUITE 130 CHADDS FORD, PA 19317			Pres. & Chief Medical Officer				
Cimetures							

Signatures

Raymond J. Fabius	05/12/2006				
**Signature of	Date				

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).

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.