Edgar Filing: WATSON H MITCHELL JR - Form 4

WATSON H Form 4 June 19, 200	H MITCHELL JF	R										
				RITIES AND EXCHANGE COMMISSION Ashington, D.C. 20549					OMB APPROVAL			
								OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNER					Expires:	January 31,		
								ERSHIP OF	Estimated a	2005 verage		
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5 Eiled pursuant to Section 1				$(\cdot, \cdot) = f \cdot d$	C	<i>с</i> т	71	A . t . f 1024	response	0.5		
obligatio							•	Act of 1934, 1935 or Section				
may con <i>See</i> Instr 1(b).	unue.			nvestment	•	· ·	•		L			
(Print or Type	Responses)											
WATSON H MITCHELL JR Symbol COMM			er Name and Ticker or Trading IUNITY HEALTH EMS INC [CYH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Date o	of Earliest T	ransaction			_X_ Director		Owner		
4000 MERIDIAN BOULEVARD (Month/E 06/18/2			Day/Year) 2009				Officer (give t below)	itleOthe below)	er (specify			
			endment, Date Original				6. Individual or Joint/Group Filing(Check					
			nth/Day/Year)				Applicable Line)					
FRANKLI	N, TN 37067							_X_ Form filed by O Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	omr Dispos (Instr. 3,	(A) or	5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	06/18/2009			S	3,333	D	\$ 25.7006	12,667	D			

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactiv Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 18.18					<u>(1)</u>	<u>(1)</u>	Common Stock	7,151	
Stock Options (Right to Buy)	\$ 25.13					05/25/2005	05/25/2014	Common Stock	10,000	
Stock Options (Right to Buy)	\$ 27.71					01/03/2006	01/03/2015	Common Stock	5,000	
Stock Units (SU)	\$ 0					(2)	(2)	Common Stock	7,320.374	
Reporting Owners										

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WATSON H MITCHELL JR 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	Х						
Signatures							
Deskal A. Saifart Attenness in East for II. Mitchell							

Rachel A. Seifert, Attorney in Fact for H. Mitchell Watson, Jr.

**Signature of Reporting Person

06/19/2009 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).
- (1) The Phantom Stock Award vests in 1/3 increments on the first, second and third anniversary of the date of grant. Upon vesting, the holder will be issued that number of shares of Common stock of the Company.
- (2) The SU were accrued under the Company's Directors Fees Deferral Plan and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.

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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.