#### MERGE HEALTHCARE INC

Form 4

August 20, 2008

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

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response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* STEARNS NEELE E

Symbol

08/19/2008

5. Relationship of Reporting Person(s) to Issuer

MERGE HEALTHCARE INC [MRGE]

2. Issuer Name and Ticker or Trading

(Check all applicable)

(Last)

(City)

(Instr. 3)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

X\_ Director Officer (give title

10% Owner Other (specify

6737 WEST WASHINGTON STREET, SUITE 2250

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

below)

MILWAUKEE, WI 53214

2. Transaction Date 2A. Deemed 1. Title of Security

(Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following

Ownership (D) or Indirect (I)

7. Nature of Indirect Form: Direct Beneficial Ownership (Instr. 4)

Reported

221,610

(Instr. 4)

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

I

Partnership (1)

Common Stock

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

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SEC 1474 (9-02)

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	<ol><li>Date Exercisal</li></ol>	ole and	7. Title and A	Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date		Underlying S	Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Yea	r)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or	•			
	Derivative				Disposed of (D)	1			
	Security				(Instr. 3, 4, and				
					5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Options	\$ 1.47	08/19/2008		A	300,000	08/19/2008(2)	08/18/2018	Common Stock	300,0

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
STEARNS NEELE E						
6737 WEST WASHINGTON STREET	X					
SUITE 2250	Λ					
MILWAUKEE, WI 53214						

# **Signatures**

Julie Ann B. Schumitsch, by Power of Attorney for Neele E. Stearns, Jr.

08/20/2008

\*\*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).
- (1) Shares of Common Stock held by S I P of Illinois Limited Partnership, of which Mr. Stearns is a partner, the beneficial ownership of which Mr. Stearns disclaims.
- Nonqualified stock options to purchase shares of Common Stock vesting in sixteen (16) equal quarterly increments of 18,750, with the (2) first increment vesting on August 19, 2008 and then subsequent increments vesting on November 30, February 28, May 31 and August 31 thereafter.

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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