

MERGE HEALTHCARE INC  
 Form 4  
 September 03, 2010

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Merrick RIS, LLC

2. Issuer Name and Ticker or Trading Symbol  
 MERGE HEALTHCARE INC  
 [MRGE]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
 233 NORTH MICHIGAN AVENUE, SUITE 2330  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 09/01/2010

\_\_\_ Director \_\_\_X\_\_\_ 10% Owner  
 \_\_\_ Officer (give title below) \_\_\_ Other (specify below)

CHICAGO, IL 60601

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 \_\_\_ Form filed by One Reporting Person  
 \_\_\_X\_\_\_ Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
				(A) or (D)	Price		
Common Stock	09/01/2010		P	60 A	\$ 2.53	30,965,197	D
Common Stock	09/01/2010		P	500 A	\$ 2.55	30,965,697	D
Common Stock	09/01/2010		P	465 A	\$ 2.56	30,966,162	D
Common Stock	09/01/2010		P	200 A	\$ 2.565	30,966,362	D
Common Stock	09/01/2010		P	34,635 A	\$ 2.57	31,000,997	D

Edgar Filing: MERGE HEALTHCARE INC - Form 4

Common Stock	09/01/2010		P	400	A	\$ 2.575	31,001,397	D	
Common Stock	09/01/2010		P	3,600	A	\$ 2.58	31,004,997	D	
Common Stock	09/01/2010		P	440	A	\$ 2.59	31,005,437	D	
Common Stock	09/02/2010		P	200	A	\$ 2.52	31,005,637	D	
Common Stock	09/02/2010		P	3,500	A	\$ 2.53	31,009,137	D	
Common Stock	09/02/2010		P	200	A	\$ 2.5375	31,009,337	D	
Common Stock	09/02/2010		P	9,100	A	\$ 2.54	31,018,437	D	
Common Stock	09/02/2010		P	3,700	A	\$ 2.55	31,022,137	D	
Common Stock	09/02/2010		P	6,000	A	\$ 2.56	31,028,137	D	
Common Stock	09/02/2010		P	200	A	\$ 2.57	31,028,337	D	
Common Stock	09/02/2010		P	1,100	A	\$ 2.58	31,029,437	D	
Common Stock	09/02/2010		P	4,400	A	\$ 2.59	31,033,837	D	
Common Stock	09/02/2010		P	6,100	A	\$ 2.6	31,039,937	D	
Series A Non-Voting Preferred Stock <sup>(1)</sup>							10,000	D	
Common Stock							500,000	I	Subsidiary Holding <sup>(2)</sup>

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.**

SEC 1474  
(9-02)

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number	6. Date Exercisable and Expiration Date	7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
------------------------	---------------	--------------------------------------	-------------------------------	----------------	-----------	---	------------------------	------------------------	-------------



## Edgar Filing: MERGE HEALTHCARE INC - Form 4

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.