

MERGE HEALTHCARE INC  
 Form 4  
 February 25, 2014

**FORM 4**

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

OMB APPROVAL

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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 \*  
**DEVERS WILLIAM J JR**

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)  
**350 NORTH ORLEANS  
 STREET,, FIRST FLOOR**  
 (Street)  
**CHICAGO, IL 60654**  
 (City) (State) (Zip)

3. Date of Earliest Transaction (Month/Day/Year)  
**02/21/2014**

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

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

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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 (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)
Common Stock				(A) Code V Amount (D) Price	110,000	I	Trust <sup>(1)</sup>
Common Stock					192,397	I	Partnership <sup>(2)</sup>

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

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SEC 1474 (9-02)

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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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable Expiration Date	Title Amount Number Shares
Stock Options	\$ 2.49	02/21/2014		A	225,000 (3)	02/21/2015 <sup>(4)</sup> 02/20/2020	Common Stock 225,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

DEVERS WILLIAM J JR  
350 NORTH ORLEANS STREET,  
FIRST FLOOR  
CHICAGO, IL 60654

X

## Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for William J. Devers Jr. 02/25/2014

\_\_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 the William J. Devers Trust, of which Mr. Devers is the trustee, the beneficial ownership of which Mr. Devers disclaims.
- (2) Shares of Common Stock owned by Devers Holdings LP, a limited partnership, of which Mr. Devers is a limited partner, the beneficial ownership of which Mr. Devers disclaims.
- (3) Nonqualified stock options to purchase shares of Common Stock granted to William J. Devers Jr., member of the Board of Directors, in lieu of cash compensation in accordance with Merge Healthcare's Director Compensation Plan.
- (4) Nonqualified stock options to purchase 56,250 shares of Common Stock vesting on each of February 21, 2015, February 21, 2016, February 21, 2017 and February 21, 2018.

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.