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Zimmermar Form 4												
December 2	_								OMB AF	PROVAL		
FORM	/ 4 UNITED	STATES					NGE CO	MMISSION	OMB	3235-0287		
Check ti if no lor subject Section Form 4	nger STATEN 16.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the l	Public U	Jtility Ho	olding Cou	mpan	•	Act of 1934, 935 or Section				
(Print or Type	Responses)											
				8				5. Relationship of Reporting Person(s) to Issuer				
		[EMS]					(Check all applicable)					
SERVICES	(First) (RGENCY MEDIC S CORP., 6200 S. SE WAY, SUITE			Day/Year)	Transaction			Director _X Officer (give t elow) Executive				
(Street) 4.]				Filed(Month/Day/Year) A				 Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
GREENW VILLAGE	OOD , CO 80111-4737						P	erson		Johning		
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ion Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8) CA (A) CA CA CA CA CA CA CA CA CA CA CA CA CA				Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Class A				Code V	Amount 1,943	(D)	Price	(Instr. 3 and 4)				
Common Stock	03/12/2010			F	<u>(1)</u>	D	\$ 55.16	64,516	D			
Class A Common Stock	12/17/2010			М	10,000	A	\$ 6.67	74,516	D			
Class A Common Stock	12/17/2010			S <u>(2)</u>	13,375	D	\$ 63.6764	61,141	D			

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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 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. 5. Number of Transactio/Derivative Code Securities (Instr. 8) 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 or Number of Shares	
Stock option (right to buy)	\$ 6.67	12/17/2010		М	10,000	<u>(4)</u>	02/10/2015	Class A Common Stock	10,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Zimmerman Todd G C/O EMERGENCY MEDICAL SERVICES CORP. 6200 S. SYRACUSE WAY, SUITE 200 GREENWOOD VILLAGE, CO 80111-4737			Executive VP and Secretary			

Signatures

/s/ Todd G. 12/21/2010 Zimmerman **Signature of Reporting Date

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). **
- Represents the withholding of shares upon the vesting of restricted stock on March 12, 2010 to satisfy income tax obligations, as (1) disclosed in the issuer's Quarterly Report on Form 10-Q for the quarter ended September 30, 2010.
- (2) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 2, 2010.
- (3) The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$63.52 to \$63.93, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the

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Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

(4) The option is fully vested.

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.