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STOLPER M Form 4	IARK										
May 16, 2012	2										
FORM /									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 or	ger STATEM 6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 average irs per 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								n			
(Print or Type F	Responses)										
STOLPER MARK Sy			2. Issuer Name and Ticker or Trading Symbol METROPOLITAN HEALTH					5. Relationship of Reporting Person(s) to Issuer			
	١	NETWORKS INC [MDF]					(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/E) 777 YAMATO ROAD, SUITE 510 05/14/2				-				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
BOCA RAT	CON, FL US 3343	1						Form filed by M Person	Iore than One Ro	eporting	
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of 2. Transaction I Security (Month/Day/Ye (Instr. 3)				 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) 				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	05/14/2012			J	25,020 (1)	D	<u>(1)</u>	0	Ι	By managed account (1)	
Common Stock								28,163 <u>(2)</u>	D		

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / A	ddress	Relationships							
Reporting Owner Paine / 1	Director	10% Owner	Officer	Other					
STOLPER MARK 777 YAMATO ROAD SUITE 510 BOCA RATON, FL US	X 33431								
Signatures									
/s/ Mark D. Stolper	05/15/2012								
**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).

On May 14, 2012, Helios Capital, LLC ("Helios"), a private investment fund managed by Mr. Stolper, terminated its investment management arrangement with respect to 25,050 shares of Metropolitan Health Networks, Inc. Common Stock that were formerly

- (1) management analgement with respect to 25,050 shares of Metropolitan relatin retworks, inc. Common Stock that were formerly managed by Helios. As a result, such shares were distributed from the Helios investment fund in which they were held to their ultimate beneficial owners on May 14, 2012. As of May 14, 2012, neither Helios or Mr. Stolper has any pecuniary interest in such shares.
- (2) Includes 11,161 restricted shares of Common Stock issued to Mr. Stolper that are scheduled to vest in full on June 30, 2012.

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.