## Edgar Filing: MATRIA HEALTHCARE INC - Form 4

MATRIA HI Form 4 January 31, 2	EALTHCARE II 2007	NC										
FORM	ΙΔ									OMB APPROVAL		
	UNITED	STATES				ND EX D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi										Expires:	January 31, 2005	
if no longer subject to Section 16. STATEMENT OF CHA				NGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Estimated average burden hours per		
	Form 4 or									response	. 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	(a) of the l		ility H	loldi	ing Con	npany	Act of	e Act of 1934, E 1935 or Sectior 40	1		
(Print or Type F	Responses)											
Hinton Jeffrey L Symbol MAT			Symbol	TRIA HEALTHCARE INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 1850 PARK	(First) ( WAY PLACE	Middle)	3. Date of (Month/D 01/31/20	ay/Year		nsaction			Director X Officer (give below) SVP-F		Owner er (specify O	
				endment, Date Original onth/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		Code (Instr.	ctior 8)	4. Securi n(A) or D (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	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 (1)	01/31/2007			А		146	A	\$ 22.93	12,854	D		

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.

 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)	A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		(Instr. 3 and 4)		8 8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (Right to Buy) (2)	\$ 28.03	10/25/2006		А	5,000	10/25/2009	10/25/2016	Common Stock	5,000	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
reporting o where reality read too	Director	10% Owner	Officer	Other				
Hinton Jeffrey L 1850 PARKWAY PLACE MARIETTA, GA 30067			SVP-Finance and CFO					
Signatures								
Roberta L. McCaw, Attorney-in-Fact for Jeffrey L.								
Hinton			01/31/2007					
<u>**</u> Signature of Reporti	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) Purchased pursuant to Employee Stock Purchase Plan for quarter ended 12/31/2006.
- (2) Granted on 10/25/2006 and vests 33 1/3% per annum 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.