

MERGE HEALTHCARE INC  
 Form 3  
 April 22, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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 * Tolle Steven F. (Last) (First) (Middle)  350 NORTH ORLEANS STREET,, FIRST FLOOR (Street)  CHICAGO, IL 60654 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/09/2013	3. Issuer Name and Ticker or Trading Symbol MERGE HEALTHCARE INC [MRGE]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Strategy Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	--	--	--	--	---

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title Amount or Number of Shares	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	--	--	--

(Instr. 5)

Stock Options	11/01/2012 <sup>(1)</sup>	10/31/2017	Common Stock	90,000	\$ 6.07	D	Â
Stock Options	03/01/2013 <sup>(2)</sup>	02/28/2018	Common Stock	100,000	\$ 6.33	D	Â
Stock Options	04/05/2014 <sup>(3)</sup>	04/04/2019	Common Stock	25,000	\$ 3.09	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Tolle Steven F. 350 NORTH ORLEANS STREET, FIRST FLOOR CHICAGO, IL 60654	Â	Â	Â Chief Strategy Officer	Â

## Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Steven F.  
Tolle

04/22/2014

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Nonqualified stock options to purchase 22,500 shares of Common Stock vesting on each of November 1, 2012, November 1, 2013, November 1, 2014 and November 1, 2015.
- (2) Nonqualified stock options to purchase 25,000 shares of Common Stock vesting on each of March 1, 2013, March 1, 2014, March 1, 2015 and March 1, 2016.
- (3) Nonqualified stock options to purchase 6,250 shares of Common Stock vesting on each of April 5, 2014, April 5, 2015, April 5, 2016 and April 5, 2017.

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.