HealthMarkets, Inc. Form 4 March 31, 2008

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue.

See Instruction 1(b).

**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 \*

PLATO JAMES N

(Last)

(City)

Class A-1

(First) (Middle)

1200 S WHITE CHAPEL BLVD, SUITE A

(Street)

2. Issuer Name and Ticker or Trading Symbol

HealthMarkets, Inc. [N/A]

3. Date of Earliest Transaction (Month/Day/Year)

03/28/2008

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

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

below) Former Division Manager

6. Individual or Joint/Group Filing(Check

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

\_X\_ 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

SOUTHLAKE, TX 76092

(State)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

(Zip)

Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Following Reported (A) Transaction(s) (Instr. 3 and 4)

4. Securities Acquired

Code V Amount (D) Price

Common Stock

03/28/2008

8,861 M

8,861

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect (I)

Beneficial Ownership (Instr. 4) (Instr. 4)

(9-02)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

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)

#### Edgar Filing: HealthMarkets, Inc. - Form 4

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. Transactic 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 or Number of Shares
Stock Option	\$ 26.49	03/28/2008		M	8,861 (1)	06/26/2007	06/26/2016	Class A-1 Common Stock	8,861

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PLATO JAMES N 1200 S WHITE CHAPEL BLVD SUITE A SOUTHLAKE, TX 76092

Former Division Manager

### **Signatures**

James N. Plato By: /s/ Peggy G. Simpson, POA

03/31/2008

\*\*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 June 26, 2006, the reporting person was granted 20,850 options to purchase the Company's Class A-1 Common Stock pursuant to the HealthMarkets, Inc. 2006 Management Option Plan. The options consisted of three tranches -- time based, increasing exercise price and performance based. Pursuant to the terms of the reporting person's termination of employment on March 28, 2008, the reporting person vested in an additional 20% (1,390 options) of the time-based tranche, 25% (1,738 options) of the increasing exercise price tranche, and 12.5% (869 options - previously reported as 868 options) of the performance-based tranche, and forfeited the remaining unvested options.

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.

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