QUADRAMED CORP

Form 4 May 01, 2009

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations

STATEMENT OF CHANGES IN 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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * JURIKA WILLIAM K

(Middle)

2. Issuer Name and Ticker or Trading Symbol

QUADRAMED CORP [QDHC]

3. Date of Earliest Transaction

(Month/Day/Year) 04/29/2009

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

10% Owner

Other (specify

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

C/O QUADRAMED

CORPORATION, 12110 SUNSET HILLS ROAD, SUITE 600

(First)

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X_ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

RESTON, VA 20190

(Instr. 3)

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

(Zip)

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

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

Code V Amount (D) Price

(A)

or

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed

5. Number

6. Date Exercisable and (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date

7. Title and Amount of 8. l Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)			(Month/Day/Year)		(Instr. 3 and 4)		(
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 6.88	04/29/2009		A	9,200 (1)		(2)	04/29/2019	Common Stock	9,200	

(In

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

JURIKA WILLIAM K

C/O QUADRAMED CORPORATION
12110 SUNSET HILLS ROAD, SUITE 600
RESTON, VA 20190

Signatures

/s/ Kelly G. Howard as Attorney in Fact for William K. Jurika

05/01/2009

**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).
- Mr. Jurika received a Nonqualified Stock Option grant to purchase 9,200 shares of common stock (the "Initial Grant") under the
 (1) Non-Employee Director Option Grant Program of the 2004 Stock Compensation Plan on April 29, 2009, the date of his initial appointment to QuadraMed's Board of Directors.
- The Initial Grant options vest in accordance with the terms of the Non-Employee Director Option Grant Program of the 2004 Stock

 Compensation Plan, as follows: (i) 4,600 of the options shall vest upon Mr. Jurika's completion of one year of Board service measured from the Initial Grant date and (ii) the remaining 4,600 options shall vest upon Mr. Jurika's completion of his second year of Board service measured from the Initial Grant date.
- (3) Mr. Jurika was awarded the options in connection with his initial appointment to the QuadraMed Board of Directors.

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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