#### PALACIOS CONNIE

Form 4

September 08, 2010

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* PALACIOS CONNIE

(First) (Middle)

9151 BOULEVARD 26

(Street)

(State)

NORTH RICHLAND HILLS, TX 76180

2. Issuer Name and Ticker or Trading

Symbol

HealthMarkets, Inc. [N/A]

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

09/07/2010

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

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

below) VP/Principal Acctng Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_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

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

(Zip)

Code (Instr. 8)

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

3.

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

4. Securities

5. Amount of Securities Beneficially Owned **Following** 

Reported

2,847

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

D

Indirect Beneficial Ownership (Instr. 4)

(A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Class A-1

(City)

Common Stock

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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)

### Edgar Filing: PALACIOS CONNIE - 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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Nur of S
Stock Option	\$ 0	09/07/2010		D <u>(1)</u>		3,466	05/08/2007	05/08/2016	Class A-1 Common Stock	3,
Stock Option	\$ 26.49	09/07/2010		D <u>(1)</u>		5,789	05/08/2007	05/08/2016	Class A-1 Common Stock	5,
Stock Option	\$ 7.34	09/07/2010		A	25,000		09/07/2011(2)	09/07/2020	Class A-1 Common Stock	25.

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

PALACIOS CONNIE 9151 BOULEVARD 26 NORTH RICHLAND HILLS, TX 76180

VP/Principal Acctng Officer

### **Signatures**

Connie Palacios By: /s/ Peggy G. Simpson,
POA

09/08/2010

\*\*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).
- (1) Pursuant to the terms of a compensation program applicable to the Reporting Person, including the entry into a nonqualified stock option agreement, the Reporting Person agreed to forfeit all outstanding stock options previously granted by the Company.
- (2) The options become exercisable with respect to 20% of the stock option shares on each of the first five (5) anniversaries of the date of grant if the optionee remains in the continuous service as an employee of the Company (Issuer) or any subsidiary as of such date.

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.

Reporting Owners 2