

PROXYMED INC /FT LAUDERDALE/

Form 4

August 24, 2001

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, D.C. 20549
 FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.
 Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person
 Hodapp, Thomas E
 c/o 2555 Davie Road, Suite 110
 Fort Lauderdale, FL 33317
 USA
2. Issuer Name and Ticker or Trading Symbol
 ProxyMed, Inc.
 PILLD
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 08/20/01
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 (X) Director () 10% Owner () Officer (give title below) () Other
 (specify below)
 Director
7. 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 Security	2. Transaction Date	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month Price
Common Stock, \$.001 par value	08/20/01	P	V533*	\$13.35*
				1,067*

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount	6. Date Exercisable and Expiration Date Date of Exercise	7. Title and Amount of Underlying Securities Title and Number of Shares	8. Percentage of Total Ownership

Explanation of Responses:

*Number of Securities Beneficially Owned and Purchase Price have been adjusted to reflect a 1-15 reverse stock split effective 8/21/01.

SIGNATURE OF REPORTING PERSON

Thomas E. Hodapp

DATE

August 24, 2001