**AMEDISYS INC** Form 4 August 19, 2010

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

0.5

January 31, Expires:

2005 Estimated average

**OMB APPROVAL** 

burden hours per response...

5. Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

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).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

See Instruction

| 1. Name and Address of Reporting Person * NETTERVILLE JACK L  (Last) (First) (Middle)  5959 S. SHERWOOD FOREST BLVD. |                        |                    | 2. Issuer Name and Ticker or Trading Symbol AMEDISYS INC [AMED] 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2010 |                                        |                                |       |                    | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  _X_ Director 10% Owner Officer (give title Other (specify below) |                                                          |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|--|
|                                                                                                                      |                        |                    |                                                                                                                             |                                        |                                |       |                    |                                                                                                                                            |                                                          |                                                                   |  |
| (City)                                                                                                               | (State)                | (Zip)              | Tabl                                                                                                                        | e I - Non-D                            | erivative                      | Secui | rities Acqu        | ired, Disposed of                                                                                                                          | , or Beneficiall                                         | y Owned                                                           |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                 | 2. Transaction Day/Yea | r) Executio<br>any | ned<br>n Date, if<br>Day/Year)                                                                                              | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securin(A) or Di (Instr. 3, | spose | d of (D) 5)  Price | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                         | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common Stock                                                                                                         | 08/18/2010             |                    |                                                                                                                             | P                                      | 3,000                          | A     | \$<br>23.804       | 53,742                                                                                                                                     | D                                                        |                                                                   |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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|                                      | 2.                                                              | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4.              | 5.                                                                                                               | 6. Date Exerc       |                    | 7. Titl                          |                                        | 8. Price of                          | 9. Nu                                                             |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------|-------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------|----------------------------------------|--------------------------------------|-------------------------------------------------------------------|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                                      | any<br>(Month/Day/Year)       | Code (Instr. 8) | orNumber<br>of<br>Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | <b>:</b>            |                    | Underly<br>Securiti<br>(Instr. 3 | , ,                                    | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |                                                                 |                                      |                               | Code V          | (A) (D)                                                                                                          | Date<br>Exercisable | Expiration<br>Date | Title                            | Amount<br>or<br>Number<br>of<br>Shares |                                      |                                                                   |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

NETTERVILLE JACK L 5959 S. SHERWOOD FOREST BLVD. X BATON ROUGE, LA 70816

## **Signatures**

/s/ Celeste Rasmussen Peiffer on behalf of Jake L. Netterville pursuant to a power of attorney

08/19/2010

\*\*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).

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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