

MERGE HEALTHCARE INC
 Form 3
 August 13, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
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INITIAL STATEMENT OF 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
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | |
|---|---------|--------------------------------------|---|--|
| 1. Name and Address of Reporting Person * | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Â KOENIG NANCY J | | (Month/Day/Year) | MERGE HEALTHCARE INC [MRGE] | |
| (Last) | (First) | (Middle) | 08/05/2013 | |
| 200 EAST RANDOLPH STREET, Â SUITE 2435 | | | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) | | | (Check all applicable) | |
| CHICAGO, Â IL Â 60601 | | | <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner | 6. Individual or Joint/Group Filing(Check Applicable Line) |
| (City) | (State) | (Zip) | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Form filed by One Reporting Person |
| | | | Chief Operating Officer | <input type="checkbox"/> Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 22,160 | D | Â |

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

SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|--|---|--|
| | Date Exercisable | Title | | | |

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| | | Expiration Date | | Amount or Number of Shares | | or Indirect (I) (Instr. 5) | |
|---------------|---------------------------|-----------------|--------------|----------------------------|---------|----------------------------|---|
| Stock Options | 06/04/2009 ⁽¹⁾ | 06/03/2014 | Common Stock | 200,000 | \$ 0.68 | D | Â |
| Stock Options | 05/04/2011 ⁽²⁾ | 05/03/2016 | Common Stock | 100,000 | \$ 2.5 | D | Â |
| Stock Options | 03/01/2013 ⁽³⁾ | 02/28/2018 | Common Stock | 100,000 | \$ 6.33 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| KOENIG NANCY J 200 EAST RANDOLPH STREET SUITE 2435 CHICAGO, IL 60601 | Â X | Â | Â Chief Operating Officer | Â |

Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Nancy J. Koenig 08/13/2013

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Nonqualified options to purchase 50,000 shares of Common Stock vesting on each of June 4, 2009, June 4, 2010, June 4, 2011 and June 4, 2012.
- (2) Nonqualified options to purchase 25,000 shares of Common Stock vesting on each of May 4, 2011, May 4, 2012, May 4, 2013 and May 4, 2014.
- (3) Nonqualified options to purchase 25,000 shares of Common Stock vesting on each of March 1, 2013, March 1, 2014, March 1, 2015 and March 1, 2016.

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.