#### Edgar Filing: QUADRAMED CORP - Form 4

QUADRAM	ED CORP											
Form 4												
September 0	6, 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMIS</b> Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
	Check this box									Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHANG					GES IN BENEFICIAL OWNERSHIP ( SECURITIES					Estimated average burden hours per		
	Form 4 or								response	0.5		
Form 5 obligation	<b>.</b>							•	e Act of 1934,			
may cont				•		•	• •		1935 or Section	n		
See Instru 1(b).		30(h)	of the In	vestmen	nt C	Company	/ Act	of 194	-0			
1(0).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person _2. IssuerSOULELES DEANSymbol					suer Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer		
QUADRAMED CORP [Q							D]					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction						(Check all applicable)			
(Month/D									Director 10% Owner			
C/O QUADRAMED 08/30/2				•					X_ Officer (give title Other (specify below)			
CORPORA							below) below) Senior Vice President, HIM					
HILLS ROA	AD, SUITE 600	)								,		
	(Street)		ndment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mor				Month/Day/Year)					Applicable Line)			
RESTON, VA 20190					_					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Tabl	e I - Non-	-De	rivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	2. Transaction Date 2A. Deemed				4. Securit				6. Ownership		
Security	(Month/Day/Yea		n Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)					Securities	Form: Direct		
(Instr. 3)		any (Month/I	Day/Year)					)	2	(-)	Beneficial Ownership	
	(111501.0)					Following	ollowing (Instr. 4) (Instr. 4)					
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
C				Code	V	Amount	(D)	Price	(insur 5 und 1)			
Common stock	08/30/2005			S		35,000	А	\$ 1.75	272,900 <u>(1)</u>	D		

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

Persons who respond to the collection of information contained in this form are not 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)

### Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Exercisable Date Code V (A) (D)

Execution Date, if

(Month/Day/Year)

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

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4.

Code

(Instr. 8)

5.

of

Derivative

Securities

Acquired

(A) or

TransactionNumber

6. Date Exercisable and

**Expiration Date** 

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Amount or

Title Number

of

Shares

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

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(Insti

## **Reporting Owners**



# Signatures

1. Title of

Security

(Instr. 3)

Derivative

2.

Conversion

or Exercise

Derivative

Price of

Security

Dean A. 09/06/2005 Souleles

\*\*Signature of Reporting Person Date

of

# **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) All such shares of common stock are issuable upon the exercise of options.

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.