### Edgar Filing: QUADRAMED CORP - Form 4

QUADRAM	IED CORP											
Form 4 June 11, 200	)7											
								OMB A	PPROVAL			
FORM	N OMB Number:	3235-0287										
Check th	Expires:	January 31,										
subject t Section Form 4 o	if no longer subject to Section 16. Form 4 or								2005 average urs per . 0.5			
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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 19400.5												
(Print or Type	Responses)											
1. Name and A PIAZZA D	2. Issuer Name <b>and</b> Ticker or Trading Symbol QUADRAMED CORP [QD]				5. Relationship of Reporting Person(s) to Issuer							
(Last)	(First) (A	Middle)	3. Date of	of Earliest T	ransaction		(Check all applicable)					
C/O QUAD CORPORA HILLS RO	(Month/Day/Year) 06/07/2007				Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Financial Officer							
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) RESTON, VA 20190					al	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>						
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	(Instr. 8)	Disposed	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.					
·					Perso inforr requi	ons who re nation con red to resp ays a curre	spond to the collect tained in this forn ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)			
	Tab					sposed of, or convertible	r Beneficially Owned securities)	d				

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	)	Securities Acquired (2 Disposed o (Instr. 3, 4, 5)	f (D)			(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 3.19	06/07/2007		A		200,000		<u>(1)</u>	06/07/2017	Common Stock	200,00

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
PIAZZA DAVID L C/O QUADRAMED CORPORATION 12110 SUNSET HILLS ROAD, SUITE 600 RESTON, VA 20190			Chief Financial Officer				

# Signatures

/s/ David L. 06/11/2007

<u>\*\*</u>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).

The options vest in accordance with the terms of the 2004 Stock Compensation Plan; 25% vest on the first anniversary of the grant, with
 (1) the remaining 75% vesting pro rata over the next 36 months. In the event of the involuntary termination (other than for cause) of Mr. Piazza's employment, the options will automatically vest.

(2) Mr. Piazza was awarded the options in connection with his employment, and the grant of such options was previously discussed in the Company's proxy statement on Schedule 14A for the 2007 Annual Meeting of Stockholders.

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.