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QUADRAMED CORP

Form 4 November 2	6 2007										
FORM									OMB AI	PPROVAL	
	UNITE	D STATES		ATTIES A			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 subject to Form 5 Filed pursuant to Section 16.					GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, ility Holding Company Act of 1935 or Sectio					Anuary 31 Expires: 2005 Estimated average burden hours per response 0.5	
<i>See</i> Instr 1(b).		30(h)) of the In	vestment	Company	y Act	of 194	-0			
(Print or Type l	Responses)										
1. Name and A Klein James	Address of Reporti s R	ng Person <u>*</u>	Symbol	Name and			g	5. Relationship of Issuer	Reporting Pers		
	(First) PRAMED TION, 12110 S AD, SUITE 60		3. Date of (Month/D 11/21/20	-	ansaction			Director X Officer (give below)	10%	Owner er (specify	
RESTON, V	(Street) VA 20190			ndment, Da th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executio any	emed on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	11/21/2007			Code V S	Amount 200	or (D) D	Price \$ 2.15	(Instr. 3 and 4) 449,800 (1)	D		
Common Stock	11/23/2007			S	19,800	D	\$ 2.11	430,000 <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.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Klein James R C/O QUADRAMED CORPORATION 12110 SUNSET HILLS ROAD, SUITE 600 RESTON, VA 20190			EVP - Product Mgmt. and CTO				
Signatures							

/s/ James R. 11/26/2007 Klein

**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).
- (1) 400,000 of 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.