#### MERGE HEALTHCARE INC

Form 4

August 20, 2008

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

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**OMB APPROVAL** 

response...

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

obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

(Zip)

5. Relationship of Reporting Person(s) to

Issuer

**BROWN DENNIS** 

Symbol

MERGE HEALTHCARE INC

2. Issuer Name and Ticker or Trading

[MRGE]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 08/19/2008

X\_ Director 10% Owner Officer (give title Other (specify below)

6737 WEST WASHINGTON STREET, SUITE 2250

> (Street) 4. If Amendment, Date Original

> > (Month/Day/Year)

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

MILWAUKEE, WI 53214

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(State)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Ownership Owned Indirect (I) Following (Instr. 4) (Instr. 4)

Reported

221,894

(A) Transaction(s) or (Instr. 3 and 4)

Common

(City)

1. Title of

Security

(Instr. 3)

Code V Amount (D) Price

D

Stock

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)

#### Edgar Filing: MERGE HEALTHCARE INC - Form 4

<ol> <li>Title of</li> </ol>	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	<ol><li>Date Exercisab</li></ol>	le and	7. Title and A	Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date		Underlying Securitie	
Security	or Exercise		any	Code	Securities	(Month/Day/Year	r)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or				
	Derivative				Disposed of (D)				
	Security				(Instr. 3, 4, and				
					5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Options	\$ 1.47	08/19/2008		A	225,000	08/19/2008(1)	08/18/2018	Common Stock	225,0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Topoliting of their state of the state of th	Director	10% Owner	Officer	Other		
BROWN DENNIS 6737 WEST WASHINGTON STREET SUITE 2250 MILWAUKEE, WI 53214	X					

### **Signatures**

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Dennis 08/20/2008 Brown

> \*\*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).

Nonqualified stock options to purchase shares of Common Stock vesting in sixteen (16) equal quarterly increments of 14,062.5, with the

(1) first increment vesting on August 19, 2008 and then subsequent increments vesting on November 30, February 28, May 31 and August 31 thereafter.

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.

Reporting Owners 2