## Edgar Filing: MATTHEWS ELEANOR S - Form 4

MATTHEWS Form 4	ELEANOR S									
February 27, 2	009									
FORM	Л							OMB AF	PROVAL	
	UNITEDSI	TATES SECUR Was	ITIES AN hington, D			GE CO	OMMISSION	OMB Number:	3235-0287	
Check this b if no longer subject to Section 16. Form 4 or	STATEME		F CHANGES IN BENEFICIAL OWN SECURITIES					Expires: Estimated a burden hour response		
Form 5 obligations may continu <i>See</i> Instruct 1(b).	ue. Section 17(a)	ant to Section 16 of the Public Uti 30(h) of the Inv	lity Holdin	ng Compa	any A	ct of	1935 or Section	1		
(Print or Type Res	sponses)									
1. Name and Add MATTHEWS	Symbol	ALLIANCE HEALTHCARD INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			of Earliest Transaction /Day/Year) /2009				DirectorX 10% Owner X Officer (give title Other (specify below) below) SENIOR VICE PRESIDENT			
	(Street) 4. If Amend Filed(Month			Original			<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
MESQUITE,	TX 75181					i	Form filed by M Person	ore than One Rej	porting	
(City)	(State) (Z	<sup>ip)</sup> Table	I - Non-Der	rivative Sec	curitie	s Acqu	ired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	on(A) or Dis (D) (Instr. 3, 4	sposed	of	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)	
COMMON STOCK	02/26/2009	02/26/2009	G	12,000	D	\$0	1,988,000	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
I O	Director	10% Owner	Officer	Other				
MATTHEWS ELEANOR S 2208 CROSS TIMBERS MESQUITE, TX 75181		Х	SENIOR VICE PRESIDENT					
Signatures								
/s/ ELEANOR S MATTHEWS	02/27/2009							
<u>**</u> Signature of Reporting Person		Date						
Evalenation of De								

## 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).

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.