SOLDO MARIE H

Form 4

February 22, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

3235-0287 Number:

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subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

if no longer

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

30(h) of the Investment Company Act of 1940

1(b).

Stock

(Print or Type Responses)

| 1. Name and Address of Reporting Person * SOLDO MARIE H | | | 2. Issuer Name and Ticker or Trading Symbol SIERRA HEALTH SERVICES INC [SIE] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|---|--|--|------------|--------|---------------|---|--|---|--|
| (Last) 2724 N. TI | (First) (ENAYA WAY | (1) | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2005 | | | _ | Director 10% Owner Officer (give title Other (specify below) | | | |
| | (Street) | | If Amendment, DFiled(Month/Day/Yea | U | al | I | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| LAS VEGAS, NV 89128 | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-l | Derivative | Secu | rities Acqui | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | Date, if Transaction Code | | sed 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 | 02/17/2005 | | M | 6,666 | A | \$ 8.93 | 10,053.14 | D | | |
| Common Stock | 02/17/2005 | | S | 6,666 | D | \$ 60.0068 | 3,387.14 <u>(1)</u> | D | | |
| Common | | | | | | | 12 739 69 | ī | By 401(k) | |

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

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Plan

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|--|---|---|---|--|---|--|--------------------|---|---------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amoun or Number of Shares |
| Employee Stock Option (Right to Buy) (2) | \$ 8.93 | 02/17/2005 | | M | 6,666 | 12/10/2002(3) | 12/09/2011 | Common Stock | 6,666 |

Reporting Owners

| | Relationships | | |
|--------------------------------|---------------|--|--|
| Reporting Owner Name / Address | | | |

Director 10% Owner Officer Other

SOLDO MARIE H 2724 N. TENAYA WAY LAS VEGAS, NV 89128

Ex. V.P., Govt Affairs

Signatures

Marie H. Soldo/Jayne Primaky POA

02/22/2005

**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) Includes 269 shares acquired in December 2004 under the Sierra Employee Stock Purchase Plan.
- (2) Exercise of options granted in consideration for services under the Company's 1995 Long-Term Incentive Plan, which meets the requirements of, and which transactions are exempted by, Rule 16b-3 and Rule 16b-6(b).
- (3) Exercisable as to 33 1/3% on each of 12/10/02, 12/10/03 and 12/10/04.

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.

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