Edgar Filing: WATSON ANTHONY L - Form 4

WATSON ANTH	ONY L									
Form 4										
January 27, 2006										
FORM 4	UNITED STATI					NGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940						Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5			
(Print or Type Respon	ises)									
WATSON ANTHONY L Symbol			r Name and Ticker or Trading A HEALTH SERVICES INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (F 2724 N. TENAY	First) (Middle) A WAY	3. Date of (Month/D) 01/26/20	-	insaction			_X_ Director Officer (give below)		Owner er (specify	
			ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LAS VEGAS, NV	V 89128							Iore than One Re		
(City) (S	State) (Zip)	Table	e I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	any	eemed tion Date, if h/Day/Year)	3. Transaction Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 01/2 Stock	26/2006		A	13	A	\$ 38.41	4,179	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)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ve ss i		Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code N	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
WATSON ANTHONY L 2724 N. TENAYA WAY LAS VEGAS, NV 89128	Х						
Signatures							
Anthony L. Watson/Jayne Primaky, POA	01/27/2006						
**Signature of Reporting Person		Da	te				

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.