Edgar Filing: HOLSTER ROBERT M - Form 4

HOLSTER F Form 4											
August 27, 2	_										
FORM	14 _{UNITI}	ED STATE	S SECUR	ITIES A	ND EX	СНА	NGE C	OMMISSION	-	PPROVAL	
Choole th				shington,					OMB Number:	3235-0287	
Check th if no long	ter.	T STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Expires:	January 31, 2005	
subject to Section 1 Form 4 o	51 A1 .6. r								Estimated average burden hours per response 0		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section	17(a) of the		tility Hold	ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOLSTER ROBERT M			Symbol	2. Issuer Name and Ticker or Trading Symbol HMS HOLDINGS CORP [HMSY]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				(Check all applicable)			
401 PARK AVENUE SOUTH			(Month/D	(Month/Day/Year) 08/26/2010				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman			
(Street) 4. If				. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
NEW YOR	V NV 10016		Filed(Mor	th/Day/Year)			Applicable Line) _X_ Form filed by C Form filed by M			
NEW IOK	K, NY 10016							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/26/2010			М	4,200	А	\$ 1.19	137,347	D		
Common Stock	08/26/2010			S	4,200	D	\$ 53.07	133,147	D		
Common Stock								8,773	I	Held by Son (1)	
Common Stock								8,000	Ι	Held by Spouse	

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

Edgar Filing: HOLSTER ROBERT M - Form 4

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)	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	Amount or Number of Shares
Non Qualified Stock Option (Right to Buy)	\$ 1.19	08/26/2010		М	4,200	03/31/2001 <u>(2)</u>	03/31/2011	Common Stock	4,200

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOLSTER ROBERT M 401 PARK AVENUE SOUTH NEW YORK, NY 10016	Х		Chairman				

Signatures

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) The son of Robert Holster is the owner of these shares. Reporting person disclaims beneficial ownership of these securities.

(2) Date shown is grant date. Options vested as follows: 100,000 on the first anniversary and 75,000 at the end of each quarterly period thereafter.

(3)

Edgar Filing: HOLSTER ROBERT M - Form 4

Date shown is grant date. Options vested in one third increments with one third having vested on the grant date and one third having vested on each of the following two anniversary dates.

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.