

MEDNAX, INC.  
Form 3  
August 12, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Pepia John C		(Month/Day/Year)	MEDNAX, INC. [MD]	
(Last)	(First)	(Middle)	08/07/2016	
1301 CONCORD TERRACE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SUNRISE, Â FL Â 33323			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Principal Accounting Officer	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	28,304 <sup>(1)</sup> <sub>(2)</sub>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: MEDNAX, INC. - Form 3

				Shares		(I) (Instr. 5)	
Stock Options (Right to Buy)	06/01/2010	06/01/2017	Common Stock	2,500 <sup>(3)</sup>	\$ 28.545	D	Â
Stock Options (Right to Buy)	06/01/2011	06/02/2018	Common Stock	12,000 <sup>(4)</sup>	\$ 27.715	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pepia John C 1301 CONCORD TERRACE SUNRISE, FL 33323	Â	Â	Â Principal Accounting Officer	Â

## Signatures

Dominic J. Andreano,  
Attorney-in-Fact

08/12/2016

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

- Includes 1,121 restricted shares granted pursuant to Issuer's 2008 Amended and Restated Incentive Compensation Plan, as amended ("ICP") which will vest on June 1, 2017. Also includes 1,840 restricted shares granted pursuant to Issuer's ICP which will vest in equal installments on June 1, 2017 and June 1, 2018. Also includes 3,310 restricted shares granted pursuant to Issuer's ICP which will vest in three installments on June 1, 2017, June 1, 2018 and June 1, 2019.
- (1) Includes 13,111 shares directly owned by Reporting Person and 8,922 shares that were acquired by Reporting Person through Issuer's Employee Stock Purchase Plan.
- (2) Stock Options granted under Issuer's 2004 Incentive Compensation Plan.
- (3) Stock Options granted under Issuer's 2008 Incentive Compensation Plan.

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.