Edgar Filing: HMS HOLDINGS CORP - Form 4/A

HMS HOLI	DINGS CORP										
Form 4/A											
November 1	16, 2007										
	ЛЛ									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB Number:	3235-0287	
Check t		DX January 3									
if no lor subject		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
Section				SECU	RITIES				burden hou		
Form 4									response		
Form 5 obligation								nge Act of 1934,			
may cor				•	•	-	•	of 1935 or Secti	on		
<i>See</i> Inst 1(b).		30(h)	of the I	nvestment	t Compai	ıy Ас	ct of 1	940			
(Print or Type	Responses)										
1. Name and LUCIA W	2. Issuer Name and Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer						
-				HMS HOLDINGS CORP [HMSY]							
(Last)	(First) (Middle)	3 Date of	3. Date of Earliest Transaction			(Check all applicable)				
()	() ()		(Month/Day/Year)				Director	109	6 Owner	
				10/01/2007 -			Officer (give below)	_X_ Officer (give title Other (specify below) below) President & COO			
	(Street)			endment, D	-	ıl		6. Individual or	Joint/Group Fili	ng(Check	
				onth/Day/Yea	ır)			Applicable Line) _X_ Form filed by One Reporting Person			
						More than One R					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if	Transactio Code	onAcquired Disposed			Securities Beneficially	Form: Direct (D) or Indirect	Indirect	
(msu. <i>5)</i>		any (Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4			Owned	(I) of multeet	Ownership	
		``	,		× ,			Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(motile of und 1)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned di	rectly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Ar
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Se
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired (or Dispose (D) (Instr. 3, 4, and 5)	d of			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (Right to Buy)	\$ 25.45	10/01/2007		А		20,000		10/01/2007 <u>(1)</u>	09/30/2012	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LUCIA WILLIAM C 401 PARK AVENUE SOUTH NEW YORK, NY 10016			President & COO					
Signatures								

Signatures

William C. Lucia	11/16/2007
<u>**</u> 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). **
- Date shown is the date of grant. Stock options vests as follows: 50% of initial grant vests in 1/3 increments over a period of three years (1) commencing on December 31,2008. Vesting of the remaining 50% shall occur on December 31, 2010 to the extent that certain pre-defined performance and service conditions are satisfied.
- (2) Only represents the derivative securities of this class.

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.