Edgar Filing: GARRISON KAREN M - Form 4

GARRISON K	KAREN M												
Form 4 August 13, 201	10												
										OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287					
Check this if no longer subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires: Estimated a	January 31, 2005 average		
Section 16.				SECURITIES						burden hou	rs per		
Form 4 or Form 5 obligations may continue.response0Filed 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 19400									0.5				
(Print or Type Res	sponses)												
GARRISON KAREN M Symbol			Symbol	ENET HEALTHCARE CORP					5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/Date) (Month/Date) (Month/Date) 1445 ROSS AVENUE, SUITE 1400 05/11/20			-					X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Street) 4. If Amer			ndment, Date Original					6. Individual or Joint/Group Filing(Check					
Filed(Mont DALLAS, TX 75202				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)			_				Person				
1.Title of		Fransaction Date 2A. Deeme		n Date, if Transaction(A) or Disposed of Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of				
~		Code V A			Amount	(A) or mount (D) Price		Transaction(s) (Instr. 3 and 4)					
Common Stock	05/11/2010			M <u>(1)</u>		18,651	А	\$0	20,651	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)

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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 of iorDerivative 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)		8. Pr Deriv Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
2007 May Director Stock Units	(2)	05/11/2010		М		18,651	(3)	(3)	Common Stock	18,651	\$

Reporting Owners

Reporting Owner Name / Address		Relationsh						
i o	Director	10% Owner	Officer	Other				
GARRISON KAREN M 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202	Х							
Signatures								
/s/ Jeffrey S. McFall, Attorney- Garrison		08/13/2010						

**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) Scheduled conversion of previously reported 2007 May Director Stock Units into an equivalent number of shares of the Company's common stock on the third anniversary of the date of grant in accordance with the terms of the Company's 2001 Stock Incentive Plan.
- (2) Each Stock Unit is the economic equivalent of one share of the Company's common stock.
- The 2007 May Director Stock Units vested ratably on each of the first, second and third anniversaries of the date of grant. The Stock(3) Units were settled on the third anniversary of the date of grant. Under the terms of the grant, each Stock Unit was converted on the settlement date into one share of the Company's common stock.

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.