MERGE HEALTHCARE INC

Form 4 July 19, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * Merrick RIS, LLC

(First)

2. Issuer Name and Ticker or Trading

Symbol

MERGE HEALTHCARE INC [MRGE]

3. Date of Earliest Transaction

(Month/Day/Year) 07/15/2010

5. Relationship of Reporting Person(s) to Issuer

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

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(Check all applicable)

233 NORTH MICHIGAN **AVENUE, SUITE 2330**

> (Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/Day/Year)

Director X__ 10% Owner Officer (give title _ Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Form filed by One Reporting Person _X_ Form filed by More than One Reporting

Person

CHICAGO, IL 60601

(City)	(State) (Z	ip) Table l	I - Non-Der	ired, Disposed of	d of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		3. Transactic Code (Instr. 8)	4. Securities Acquired or(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	,	
Common Stock	07/15/2010		P	2,200	A	\$ 3.01	30,617,837	D	
Common Stock	07/15/2010		P	6,800	A	\$ 3.02	30,624,637	D	
Common Stock	07/15/2010		P	3,400	A	\$ 3.03	30,628,037	D	
Common Stock	07/15/2010		P	600	A	\$ 3.04	30,628,637	D	
Common Stock	07/15/2010		P	100	A	\$ 3.05	30,628,737	D	

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Series A Non-Voting Preferred Stock (1)

10,000 D

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

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SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Transa Code (Instr. 3	etio	5. nNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Merrick RIS, LLC 233 NORTH MICHIGAN AVENUE SUITE 2330 CHICAGO, IL 60601		X						
FERRO MICHAEL W JR 233 NORTH MICHIGAN AVENUE SUITE 2330 CHICAGO, IL 60601	X	X						

Signatures

Julie Ann B. Schumitsch, by Power of Attorney for Merrick RIS, LLC

07/19/2010

**Signature of Reporting Person

Date

07/19/2010

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Julie Ann B. Schumitsch, by Power of Attorney for Michael W. Ferro, Jr.

**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).
- On April 27, 2010, Merge Healthcare Incorporated issued an aggregate of 41,750 shares of Series A Non-voting Preferred Stock, par value \$0.01 per share and 7,515,000 shares of its Common Stock, par value \$0.01 per share, for a total purchase price of approximately \$41,750,000.

Remarks:

The reporting persons are Merrick RIS, LLC ("Merrick"), a Delaware limited liability company, and Michael W. Ferro, Jr. ("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.

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