

MERGE HEALTHCARE INC  
 Form 5  
 January 27, 2015

**FORM 5**

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

OMB APPROVAL

OMB Number: 3235-0362  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 1.0

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 Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person \*  
 DEVERS WILLIAM J JR

2. Issuer Name and Ticker or Trading Symbol  
 MERGE HEALTHCARE INC  
 [MRGE]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
 10/01/2014

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

350 NORTH ORLEANS STREET,, FIRST FLOOR

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

CHICAGO, IL 60654

(City) (State) (Zip)

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Ownership (Instr. 4)
Common Stock	10/01/2014	^	Z <sup>(1)</sup>	110,000 D	\$ 0 0	I	Trust <sup>(2)</sup>
Common Stock	10/01/2014	^	Z <sup>(1)</sup>	110,000 A	\$ 0 110,000	I	Trust <sup>(3)</sup>
Common Stock	^	^	^	^	^ 302,397	I	Partnership <sup>(4)</sup>
	^	^	^	^	^ 2,192	D	^

Common  
Stock

Restricted  
Common  
Stock

^ ^ ^ ^ ^ ^ 46,054 D ^

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

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SEC 2270  
(9-02)

**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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E Is Fi (I
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares		

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

DEVERS WILLIAM J JR 350 NORTH ORLEANS STREET, FIRST FLOOR CHICAGO, IL 60654	X			
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## Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for William J. Devers Jr.

01/27/2015

\_\_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).

Transfer of 110,000 shares of Merge Healthcare Incorporated Common Stock by the William J. Devers Trust, of which Mr. Devers is the trustee, the beneficial ownership of which Mr. Devers disclaims, to the Katherine L. Devers Trust, the beneficial ownership of which Mr. Devers disclaims.

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- (2) Shares of Common Stock held by the William J. Devers Trust, of which Mr. Devers is the trustee, the beneficial ownership of which Mr. Devers disclaims.
- (3) Shares of Common Stock held by the Katherine L. Devers Trust, the beneficial ownership of which Mr. Devers disclaims.
- (4) Shares of Common Stock held by Devers Holdings LP, a limited partnership, of which Mr. Devers is a limited partner.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.