Edgar Filing: BENSON KEVIN E - Form 4

BENSON E Form 4	KEVIN E									
May 28, 20	009									
FOR	М 4							PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check if no lo subject Section Form 4	t to SIAIE n 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 5 obligat may co	5 Filed pu	response 0 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	e Responses)									
1. Name and Address of Reporting Person <u>*</u> BENSON KEVIN E			2. Issuer Name and Ticker or Trading Symbol Emergency Medical Services CORP			5. Relationship of Reporting Person(s) to Issuer				
		[El	[EMS]			(Check all applicable)				
SERVICE	(First) RGENCY MEDIO S CORP., 6200 S. SE WAY, SUITE	CAL 05/	Date of Earliest T onth/Day/Year) /19/2009	ransaction		X Director Officer (giv below)	ve title 109 below)	% Owner her (specify		
511/100										
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
GREENW VILLAGE	/OOD E, CO 80111-4737					Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	TransactionAcquired (A) or Code Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
			Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: R	eport on a separate lin	e for each class c	of securities benef	ficially ow	ned directly of	or indirectly.				
						spond to the colle ained in this form		SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

number.

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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. Transacti Code (Instr. 8)			vative Expiration Date es (Month/Day/Year) ed		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	
Restricted Stock Units	<u>(1)</u>	05/19/2009		А	3,018		(2)	(2)	Class A Common Stock	3,018	\$

Reporting Owners

		Relationships					
Reporting Owner Name / Address		Director	10% Owner	Officer	Other		
BENSON KEVIN E C/O EMERGENCY MEDICAL SERVICE 6200 S. SYRACUSE WAY, SUITE 200 GREENWOOD VILLAGE, CO 80111-473		Х					
Signatures							
/s/ Carl F. Berglind, as attorney-in-fact	05/28/2009	9					
**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) Each Restricted Stock Unit represents the right to receive one share of the Issuer's class A common stock.

The Restricted Stock Units will vest on the date of the Issuer's 2010 annual meeting of stockholders, immediately prior to the vote for directors, if the reporting person has been a director for the entire remaining year and has attended at least 75% of the meetings held by

(2) the Board of Directors and the Board committees on which he serves, and will be paid at that time in shares of the Issuer's class A common stock unless the reporting person has made an election to defer the receipt of such shares at the time and in the manner provided by the Board of Directors.

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.