#### INTEGRAMED AMERICA INC

Form 4

January 04, 2005

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

3235-0287 Number:

January 31, Expires: 2005

**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(City)

**STOCK** 

(Print or Type Responses)

1. Name and Address of Reporting Person \*

KELLOGG PETER R

2. Issuer Name and Ticker or Trading

Symbol

INTEGRAMED AMERICA INC [INMD]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

48 WALL STREET, C/O IAT

(First)

(State)

(Middle) 3. Date of Earliest Transaction

(Zip)

(Month/Day/Year) 12/22/2004

Director Officer (give title below)

10% Owner Other (specify

REINSURANCE CO LTD

(Street) 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 Form filed by More than One Reporting

Person

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

NEW YORK, NY 10005

Tuble 1 1101 2011 tuble Securities required 218 poster of, or 2010 in							one and the second		
1.Title of	2. Transaction Date	3. 4. Securities			5. Amount of	6.	7. Nature of Indirect		
Security	(Month/Day/Year)	Execution Date, if	1 ' '			Securities	Ownership	Beneficial Ownership	
(Instr. 3)		any	Code	Dispose	,	1	Beneficially	Form:	(Instr. 4)
		(Month/Day/Year)	(Instr. 8)	Instr. 8) (Instr. 3, 4 and 5)			Owned	Direct (D)	
							Following	or Indirect	
					(4)		Reported	(I)	
					(A)		Transaction(s)	(Instr. 4)	
					or		(Instr. 3 and 4)		
			Code V	Amount	(D)	Price	(moure and i)		
COMMON	12/22/2004		P	2 705	٨	\$	520,693	I (1)	BY IAT REINSURANCE
STOCK	12/22/2004		1	3,703	А	7.2	320,093	1 💆	CO LTD
COMMON	12/22/2004		P	0	A	\$ 0	100	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.

**SEC 1474** (9-02)

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#### 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.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities		(Instr.	3 and 4)		Own	
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date Exercisable	Expiration Date	T:41-	or Namelana		
									Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director KELLOGG PETER R

**48 WALL STREET** C/O IAT REINSURANCE CO LTD NEW YORK, NY 10005



# **Signatures**

PETER R **KELLOGG** 

01/04/2005

\*\*Signature of Date Reporting Person

# **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).
- IAT REINSURANCE CO LTD., A BERMUDA CORPORATION OF WHICH MR KELLOGG IS THE SOLE HOLDER OF VOTING STOCK. MR KELLOGG DISCLAIMS BENEFICIAL OWNERSHIP OF THESE SHARES.

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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