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Murphy Stev Form 4											
March 15, 20									OMB AF	PROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long subject to Section 10 Form 4 or	er STATE 6.	STATEMENT OF CHANGES					ES IN BENEFICIAL OWNERSHIP OF ECURITIES				
Form 4 orresponse0.4Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.4obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.4See Instruction30(h) of the Investment Company Act of 19401940											
(Print or Type R	(esponses)										
Murphy Steven G Symbo			Symbol	Name and				5. Relationship of Reporting Person(s) to Issuer			
	[EMS]							(Check all applicable)			
SERVICES	(First) GENCY MEDIO CORP., 6200 S E WAY, SUITE		3. Date of (Month/D 03/12/20		ansaction			Director X Officer (give below) Sr. VP Go		Owner r (specify vices	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
GREENWO VILLAGE, O	OD CO 80111-4737	7						Form filed by N Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution Date, if			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			d of (D)	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)	
Class A				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Class A Common Stock	03/12/2011			F	250 <u>(1)</u>	D	\$ 63.54	3,417	D		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			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			
Murphy Steven G C/O EMERGENCY MEDICAL SERVICES CORP. 6200 S. SYRACUSE WAY, SUITE 200 GREENWOOD VILLAGE, CO 80111-4737				Sr. VP Gov't & Nat'l Services				
Signatures								
/s/ Steven G. Murphy	03/15/2011							

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Represents the withholding of shares upon the vesting of restricted stock on March 12, 2011 to satisfy income tax obligations.

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.