## Edgar Filing: CORVEL CORP - Form 4

CORVEL CO	RP										
Form 4											
July 27, 2012	_										
FORM	4 UNITED S	TATE	SECURI	TIFS AN	ID FXC	ΗΔΝ	JGE CO	OMMISSION		PROVAL	
	UNITED			ington, I					OMB Number:	3235-0287	
Check this						•			Expires:	January 31,	
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				ERSHIP OF		2005	
Subject to Section 16.	0				TIES				Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5 obligations	·						•	Act of 1934,			
may contin				•	· ·			1935 or Section	1		
See Instruc	tion	30(n)	of the Inv	estment C	ompany	Act	01 1940	)			
1(b).											
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person _2. Issuer Name and Ticker or Trading5. Relationship of							Reporting Pers	on(s) to			
MICHAEL JEFFREY J Symbol								Issuer			
			CORVEI	L CORP [	CRVL]			(Check	all applicable	)	
(Last)	(First) (M	liddle)	3. Date of Earliest Transaction					, 			
2010 MAIN STREET STE 600 (Month/Day 07/25/20				h/Day/Year) 5/2012				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			Filed(Month	n/Day/Year)				Applicable Line)			
IDVINE CA	02614							_X_ Form filed by O Form filed by M			
IRVINE, CA	92014							Person			
(City)	(State) (	Zip)	Table	I - Non-De	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	tion Date, if	Transactio Code	(Instr. 3,			Securities Beneficially	Ownership Indirect Form: Beneficial	Beneficial		
(		h/Day/Year)					Owned	Direct (D) Ownership			
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
COMMON	07/05/0010					. ,	\$	07.077	D		
STOCK	07/25/2012			М	6,750	А	19.83	87,077	D		
COMMON STOCK	07/25/2012			F <u>(1)</u>	3,040	D	\$ 44.02	84,037	D		
STOCK							44.02				

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.

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

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

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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. Transactio Code (Instr. 8)	5. Number for Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 6. Date Exercisable and (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) 6. Date Exercisable and (Month/Day/Year) 6. Date Exercisable and (Month/Day/Year) (Mont		ate	7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
NON-QUALIFIED STOCK OPTION (RIGHT TO BUY)	\$ 19.83	07/25/2012		М	6,750	(3)	08/01/2012	COMMON STOCK

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	i i i i i i i i i i i i i i i i i i i						
	Director	10% Owner	Officer	Other			
MICHAEL JEFFREY J 2010 MAIN STREET STE 600 IRVINE, CA 92614	Х						
Signatures							
By: Sharon O'Connor For: Jeffrey J.							
Michael		07/2	7/2012				
**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).

Relationships

- (1) Shares delivered in payment of the option exercise price and/or tax liability incident to the option exercise.
- (2) Option issued pursuant to an automatic option grant program for the Company's non-employee directors under the Restated Omnibus Incentive Plan.
- (3) Exercisable in a series of 4 equal and successive annual installments commencing 12 months following the date of grant.

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.