

HILL J FRENCH  
Form 4/A  
October 14, 2009

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**HILL J FRENCH**

2. Issuer Name and Ticker or Trading Symbol  
**ALLIANCE HEALTHCARD INC  
[ALHC]**

5. Relationship of Reporting Person(s) to Issuer  
  
(Check all applicable)

(Last) (First) (Middle)  
**900 36TH AVENUE, SUITE 105**  
  
(Street)

3. Date of Earliest Transaction  
(Month/Day/Year)  
**08/25/2009**

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

**NORMAN, OK 73072**  
  
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)  
**08/26/2009**

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Price				
			Code	V	Amount				
Common Stock	08/25/2009	08/25/2009	P		885	A	\$ 0.7	5,000	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.**

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(9-02)

**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. 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)	Amount or Number of Shares
STOCK OPTIONS	\$ 0.67	10/27/2004	10/27/2004	A	3,355	10/27/2004 10/27/2009	STOCK OPTIONS	3,355
STOCK OPTIONS	\$ 0.43	07/27/2005	07/27/2005	A	6,710	07/27/2005 07/27/2010	STOCK OPTIONS	6,710
STOCK OPTIONS	\$ 0.75	01/30/2007	01/30/2007	A	3,355	01/30/2007 01/30/2012	STOCK OPTIONS	3,355
STOCK OPTIONS	\$ 0.77	03/28/2007	03/28/2007	A	5,032	03/28/2007 03/28/2012	STOCK OPTIONS	5,032
STOCK OPTIONS	\$ 0.36	10/30/2007	10/30/2007	A	8,387	10/30/2007 10/30/2012	STOCK OPTIONS	8,387

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HILL J FRENCH 900 36TH AVENUE SUITE 105 NORMAN, OK 73072	X			

## Signatures

/s/ J. French Hill                      10/14/2009  
 \*\*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).

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.