Ratton Steve W JR Form 4 March 16, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

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

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Ratton Steve W JR

2. Issuer Name and Ticker or Trading Symbol

[EMS]

5. Relationship of Reporting Person(s) to

Issuer

Emergency Medical Services CORP

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction

Director X_ Officer (give title

10% Owner Other (specify

C/O EMERGENCY MEDICAL

(Street)

(Month/Day/Year) 03/12/2009

below)

Sr. VP M&A and Treasurer

SERVICES CORP., 6200 S. SYRACUSE WAY, SUITE 200

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

GREENWOOD VILLAGE, CO 80111-4737

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securi	ities Acq	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed execution Date, if any (Month/Day/Year)		4. Securities Acquired ransaction(A) or Disposed of ode (D) nstr. 8) (Instr. 3, 4 and 5)		d of	Securities Form: I Beneficially (D) or Owned Indirect	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/12/2009		Code V A	Amount 6,250 (1)	or (D)	Price \$ 0	(Instr. 3 and 4) 16,650	D	
Common Stock	03/12/2009		M	1,400	A	\$ 6.67	18,050	D	
Common Stock	03/12/2009		S	1,400	D	\$ 30	16,650	D	

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

Edgar Filing: Ratton Steve W JR - Form 4

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)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day)	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 29.65	03/12/2009		A	6,250		<u>(2)</u>	03/12/2019	Common Stock	6,250
Stock option (right to buy)	\$ 6.67	03/12/2009		M		1,400	(3)	02/10/2015	Common Stock	1,400

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Ratton Steve W JR C/O EMERGENCY MEDICAL SERVICES CORP. 6200 S. SYRACUSE WAY, SUITE 200 GREENWOOD VILLAGE, CO 80111-4737

Sr. VP M&A and Treasurer

Signatures

/s/ Steve W. 03/16/2009 Ratton, Jr.

**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).
- (1) The award vests ratably on the first three anniversaries of the grant date, beginning on March 12, 2010.
- (2) The option vests ratably on the first four anniversaries of the grant date, beginning on March 12, 2010.

Reporting Owners 2

Edgar Filing: Ratton Steve W JR - Form 4

(3) The option is fully vested.

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.