SICILIAN MICHAEL

Form 4/A

January 26, 2005

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

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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 * SICILIAN MICHAEL			2. Issue Symbol	er Name <b>an</b>	<b>d</b> Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
			MIM CORP [MIMS]  3. Date of Earliest Transaction			(Check all applicable)			
(Last)	(First)	(Middle)			ransaction				
			(Month/I	Day/Year)		Director	10%		
100 CLEARBROOK ROAD		01/21/2005			_X_ Officer (give title Other (specify below)				
						F	EVP - Sales		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Mo	nth/Day/Yea	ar)	Applicable Line)			
			01/25/2	2005		_X_ Form filed by 0	One Reporting Per	rson	
ELMSFOR	D, NY 10523					Form filed by M	Iore than One Re	porting	
EEMBI OI	2,111 10020					Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acq	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Deer	ned	3.	4. Securities Acquired	5. Amount of	6.	7. Nature	
Security	(Month/Day/Year	) Execution	n Date, if	Transacti	or(A) or Disposed of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial	

(City)	(State)	Table Table	e I - Non-D	erivative	Secur	rities Acqu	ired, Disposed of	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	tr. 8)		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)	
Common Stock,			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
\$.0001 par value	01/21/2005		M	6,873	A	\$ 6.14	28,273	D	
Common Stock, \$.0001 par value	01/21/2005		S	6,873	D	\$ 6.2006	21,400	D	

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (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 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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	of Derivative Expiration Date Gecurities (Month/Day/Year) Acquired A) or Disposed of D) Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Option (Right to Buy)	\$ 6.14	01/21/2005		M	6,873	07/02/2002(1)	07/02/2011	Common Stock, \$.0001 par value	6,873

## **Reporting Owners**

Reporting Owner Name / Address	tionships
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Director 10% Owner Officer Other

SICILIAN MICHAEL 100 CLEARBROOK ROAD ELMSFORD, NY 10523

**EVP** - Sales

### **Signatures**

/s/ Sicilian, Michael J. 01/26/2005

\*\*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).
- (1) Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of 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.

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