MATRIA HEALTHCARE INC

Form 4 March 30, 2005

FORM 4

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

OMB 3235-0287

Check this box if no longer subject to

Number: January 31, Expires: 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * **ZUSPAN FREDERICK P**

(First)

(Street)

2. Issuer Name and Ticker or Trading

Symbol

5. Relationship of Reporting Person(s) to Issuer

MATRIA HEALTHCARE INC

(Check all applicable)

[MATR]

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

4. If Amendment, Date Original

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

10520 BUTTON WILLOW DRIVE 03/28/2005

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

Person

LAS VEGAS, NV 89134

(City)	(State)	(Zip) 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. 4. Securit Transaction(A) or Di Code (Instr. 3, (Instr. 8)		-		5. Amount of Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/28/2005		M	3,750	A	\$ 12	4,075	D		
Common Stock	03/28/2005		M	5,625	A	\$ 10.57	9,700	D		
Common Stock	03/28/2005		M	5,625	A	\$ 5.66	15,325	D		
Common Stock	03/28/2005		S	15,000	D	\$ 28.09	325	D		
Common Stock (1)	08/08/1988		J	0	A	\$ 0	187	I	Zuspan Associates Partnership	

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

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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. Transactio Code (Instr. 8)	5. Number of or 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Purchase)	\$ 24.67	03/08/1996		J	1,875		03/08/1997	03/08/2006	Common Stock	1,87
Option (Right to Purchase)	\$ 12	03/28/2005		M		3,750	05/19/2001	05/19/2010	Common Stock	3,75
Option (Right to Purchase)	\$ 10.57	03/28/2005		M		5,625	05/24/2001	05/24/2010	Common Stock	5,62
Option (Right to Purchase)	\$ 5.66	09/26/2002		M		5,625	09/23/2003	09/26/2012	Common Stock	5,62
Option (Right to Purchase)	\$ 8.29	05/21/2003		J	3,469		05/21/2004	05/21/2013	Common Stock	3,46
Option (Right to Purchase)	\$ 14.57	06/03/2004		J	5,905		06/03/2005	06/03/2014	Common Stock	5,90

Reporting Owners

Reporting Owner Name / Address Relationships

Reporting Owners 2

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Director 10% Owner Officer Other

ZUSPAN FREDERICK P 10520 BUTTON WILLOW DRIVE X LAS VEGAS, NV 89134

Signatures

Roberta L. McCaw as Power of Attorney for Fredrick P. Zuspan

03/29/2005

**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).
- (1) No transaction to report.
- (2) Shares to vest and become exercisable 06/03/2005.

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.

Signatures 3