

MERGE HEALTHCARE INC  
 Form 4/A  
 May 28, 2014

**FORM 4**

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

OMB APPROVAL

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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 \*  
**KOENIG NANCY J**

2. Issuer Name and Ticker or Trading Symbol  
**MERGE HEALTHCARE INC  
 [MRGE]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
**350 NORTH ORLEANS  
 STREET,, FIRST FLOOR**  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
**05/22/2014**

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

**CHICAGO, IL 60654**

4. If Amendment, Date Original Filed(Month/Day/Year)  
**05/23/2014**

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(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. 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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/22/2014		M <sup>(1)</sup>	V Amount \$ 49,339 (2)	(A) or (D) Price \$ 0.68	64,086 <sup>(3)</sup>	D
Restricted Common Stock					350,000	D	

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

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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. 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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Beneficially (Instr. 5)
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**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KOENIG NANCY J 350 NORTH ORLEANS STREET, FIRST FLOOR CHICAGO, IL 60654	X		Chief Operating Officer	

**Signatures**

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Nancy J. Koenig 05/28/2014

\_\_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) In connection with this stock option exercise, shares were sold to cover the payment of the exercise price and the applicable taxes due upon exercise. After such sales, the total amount of stock retained was 22,553.  
The purpose of this amendment is to reflect the revision in actual options exercised and shares retained on such exercise. The original
- (2) Form 4 submission incorrectly listed that 50,812 shares were exercised; and the actual amount of shares exercised is correctly reflected herein as 49,339.
- (3) The 64,086 correctly reflects the amount of securities beneficially owned following the 49,339 stock option exercise, versus the 65,559 originally reported on the previous Form 4 submission.

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.