## Edgar Filing: DUPEE PAUL R JR - Form 4

### DUPEE PAUL R JR

### Form 4

### February 06, 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 4
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
() Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See Instructions 1(b).
1. Name and Address of Reporting Person
Dupee, Jr., Paul R.

10 Wilton Row London, SW1X7NR ENGLAND

- Issuer Name and Ticker or Trading Symbol Maxicare Health Plans, Inc.
- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year 12/18/01
- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner (X) Officer (give title below) () Other (specify below) President and Chairman
- 7. Individual or Joint/Group Filing (Check Applicable Line)
  - (X) Form filed by One Reporting Person
  - ( ) Form filed by More than One Reporting Person

Table I Non-Derivative	Securities Acquired, Disposed o	f, or Beneficiall	y Owned	
1. Title of Security	2.  3.  4.Securities Acq   Transaction   or Disposed of                   Date  Code V  Amount	· ·	5.Amount of   Securities   Beneficially   Owned at   End of Month	     
Common Stock	12/18/ S    16,800  01	D  \$0.006	I I	-

Table II Derivativ	e Securit	ites A	Acquired	l, Dispos	ed of, o	or Beneficially	y Owned	
1.Title of Derivative Security	version  or Exer	Trans	action	rivati	ve Secu Acqui	cisable and   Expiration	of Underlying	8.P  of  vat
	cise			red(A)	or Dis	Date(Month/		Sec
	Price of		1	posed	of(D)	Day/Year)		rit
	Deriva-		1	1		Date  Expir		1
	tive		1	1	A,	/ Exer- ation	Title and Number	1
	Secu-		1 1	1	D	cisa- Date	of Shares	1
	rity	Date	Code V	Amoun	t	ble		

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Explanation of Responses:
SIGNATURE OF REPORTING PERSON
Paul R. Dupee, Jr.
DATE
02/ /02