

MERGE HEALTHCARE INC
 Form 3
 April 22, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
 OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Wells Antonia		(Month/Day/Year)	MERGE HEALTHCARE INC [MRGE]	
(Last)	(First)	(Middle)	08/09/2013	
6303 AIRPORT ROAD,, SUITE 500			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
MISSISSAUGA, A6 L4V 1R8			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			President, International & R&D	<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	11,347	D	A

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

Edgar Filing: MERGE HEALTHCARE INC - Form 3

	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Stock Options	06/04/2009 ⁽¹⁾ 06/03/2014	Common Stock 150,000 ⁽¹⁾ \$ 0.68	D Â
Stock Options	05/04/2011 ⁽²⁾ 05/03/2016	Common Stock 50,000 \$ 2.5	D Â
Stock Options	03/01/2013 ⁽³⁾ 02/28/2018	Common Stock 100,000 \$ 6.33	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wells Antonia 6303 AIRPORT ROAD, SUITE 500 MISSISSAUGA, A6 L4V 1R8	Â	Â	Â President, International & R&D	Â

Signatures

/s/ Julie Ann B. Schumitsch, by Power of Attorney for Antonia A. Wells 04/22/2014

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Nonqualified stock options to purchase 50,000 shares of Common Stock vesting on each of June 4, 2009, June 4, 2010, June 4, 2011 and June 4, 2012; 50,000 of which were exercised on September 14, 2011.
- (2) Nonqualified stock options to purchase 12,500 shares of Common Stock vesting on each of May 4, 2011, May 4, 2012, May 4, 2013 and May 4, 2014.
- (3) Nonqualified stock options to purchase 25,000 shares of Common Stock vesting on each of March 1, 2013, March 1, 2014, March 1, 2015 and March 1, 2016.

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.