

Ratton Steve W JR  
Form 3  
December 15, 2005

**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 \*

Â Ratton Steve W JR  
(Last) (First) (Middle)

C/O EMERGENCY MEDICAL SERVICES CORP., Â 6200 S. SYRACUSE WAY, SUITE 200

(Street)

GREENWOOD VILLAGE, Â CO Â 80111-4737

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
12/15/2005

3. Issuer Name and Ticker or Trading Symbol  
Emergency Medical Services CORP [EMS]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)  
Sr. Vice Pres. and Treasurer

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 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)
Class A Common Stock	15,000	D	Â

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
-----------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------	----------------------------------------------------------

Edgar Filing: Ratton Steve W JR - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
Stock Option	02/10/2006 <sup>(1)</sup>	02/10/2015	Class A Common Stock	37,500	\$ 6.67	D

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ratton Steve W JR C/O EMERGENCY MEDICAL SERVICES CORP. 6200 S. SYRACUSE WAY, SUITE 200 GREENWOOD VILLAGE, CO 80111-4737			Sr. Vice Pres. and Treasurer	

## Signatures

/s/ Steve Ratton, Jr., Senior Vice President and Treasurer of Emergency Medical Services Corporation 12/15/2005

\*\*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) The options vest ratably on the first four anniversaries of the grant date, beginning February 10, 2006, provided that the exercisability of one-half of the options is conditioned upon meeting certain specified performance targets.

^

### Remarks:

NOTE: The information in this Form 3 gives effect to the formation of Emergency Medical Services an anticipated 1.5-for-1 stock split, as described under "Formation of Holding Company" in the company's Form S-1 (No. 333-127115).

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.