Sanger William A Form 4 April 28, 2009

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

Form 4 or Form 5 obligations SECURITIES

Estimated average burden hours per response... 0.5

may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person **
Sanger William A

(First)

(Street)

(State)

2. Issuer Name **and** Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

Emergency Medical Services CORP

(Check all applicable)

[EMS]

(Last)

(Middle)

(Zin)

3. Date of Earliest Transaction

_X__ Director ______ 10% Owner

Chairman and CEO

(Month/Day/Year) 04/27/2009

X Officer (give title ____ Other (specify below)

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

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

6. Individual or Joint/Group Filing(Check

Applicable Line)

GREENWOOD VILLAGE, CO 80111-4737 _X_ Form filed by One Reporting Person ____ Form filed by More than One Reporting

Person

Issuer

(City)	(State)	(Zip) Tak	ole I - Non-	Derivative Se	ecurities Acquii	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	OIDT Disposed (Instr. 3, 4 and	` ′	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)
Class A Common Stock	04/27/2009		M	29,272 A	A \$ 6.67	416,772	D	
Class A Common Stock	04/27/2009		S <u>(1)</u>	29,272 Г	\$ 32.0321 (2)	387,500	D	

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

Persons who respond to the collection of information contained in this form are not (9-02)

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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. Transactic 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 6.67	04/27/2009		M	29,272	(3)	02/10/2015	Class A Common Stock	29,272

Reporting Owners

Reporting Owner Name / Address	Relationships				
. 0	Director	10% Owner	Officer	Other	
Sanger William A					
C/O EMERGENCY MEDICAL SERVICES CORP.	X	Chairman			
6200 S. SYRACUSE WAY, SUITE 200	Λ		and CEO		
GREENWOOD VILLAGE, CO 80111-4737					

Signatures

/s/ William A.

Sanger 04/28/2009

**Signature of Date
Reporting Person

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) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 3, 2009.
- The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.000 to \$32.205, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- (3) The option is fully vested.

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.

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