AMERICAN HEALTHWAYS INC

Form 4

December 29, 2005

FORM 4

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

OMB Number:

3235-0287

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires:

2005 Estimated average

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * CIGARRAN THOMAS G		_	2. Issuer Name and Ticker or Trading Symbol AMERICAN HEALTHWAYS INC [AMHC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	_X_ Director 10% Owner Officer (give title Other (specify		
AMERICAN HEALTHWAYS,			12/28/2005	below) below)		

AMERICAN HEALTHWAYS, INC., 3841 GREEN HILLS VILLAGE DRIVE

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

NASHVILLE, TN 37215

(City)	(State)	(Zip) Tab	ole I - Non-	Derivative	Secu	rities Acquir	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)	omr Dispos (Instr. 3,	ed of (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	12/28/2005		M	18,750	A	\$ 1.89	273,033	D	
Common Stock	12/28/2005		M	4,354	A	\$ 7.24	277,387	D	
Common Stock	12/28/2005		S	10,000	D	\$ 46.212	267,387	D	
Common Stock	12/28/2005		S	8,750	D	\$ 46.1445	258,637	D	
	12/28/2005		S	4,354	D		254,283	D	

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Common Stock	\$ 46.4089			
Common Stock		402,062	I	Held in Thomas G. Cigarran Annuity Trust
Common Stock		3,910	I	Held in 401(k) Plan
Reminder: Report on a separate line for each class of securities benefici	ally owned directly or ind	irectly.		
	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.		SEC 1474 (9-02)	

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 or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option to Buy	\$ 1.89	12/28/2005		M	18,750	09/29/2001(1)	09/29/2010	Common Stock	18,750
Option to Buy	\$ 7.24	12/28/2005		M	4,354	08/27/2003(3)	08/27/2012	Common Stock	4,354

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
CIGARRAN THOMAS G AMERICAN HEALTHWAYS, INC. 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215	X					

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Signatures

/s/ Mary A. Chaput, by power of attorney for Thomas G. Cigarran

12/28/2005

**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) Option vests 25% per year beginning on 9/29/2001.
- (2) Information in this column is left blank because the transaction represents the conversion of a security.
- (3) Option vests 25% per year beginning on 8/27/2003.

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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