Edgar Filing: SELECT MEDICAL CORP - Form 4

SELECT ME	DICAL CORP										
Form 4											
February 28, 2	2005										
FORM	UNITED 5		S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						9PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement of Changes in Bener Statement of Changes in Bener Section 16. Filed pursuant to Section 16(a) of the Secur Section 17(a) of the Public Utility Holding Co 30(h) of the Investment Compa					BENEFICIAL OWNERSHIP OF TTIES Land Expires: Jan Estimated average burden hours per response Land Securities Exchange Act of 1934, ing Company Act of 1935 or Section						
(Print or Type R	esponses)										
SCULLY THOMAS A Symbol			ol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mid		te of Earliest Tr		Ľ.		(Chee	ck all applicabl	e)		
. ,	VENUE, SUITE	(Mon	th/Day/Year) 4/2005				X Director Officer (give below)		6 Owner er (specify		
	(Street)		Amendment, Da Month/Day/Year	-			6. Individual or J Applicable Line) _X_ Form filed by	One Reporting P	erson		
NEW YORK	, NY 10022-6815						Form filed by I Person	More than One R	eporting		
(City)	(State) (Z	^{ip)} 1	Table I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ear) (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D 4 and (A) or)	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, par value \$.01 per share	02/24/2005		D <u>(1)</u>		D	\$ 18	0	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 required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

(D () A D

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and 3 Underlying 3 (Instr. 3 and	Secur
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of S
Non-qualified Stock Options (right to buy)	\$ 15.5	02/24/2005		D <u>(2)</u>	28,800	02/10/2005	02/09/2014	Common Stock	28

Reporting Owners

1 77.4

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
SCULLY THOMAS A 320 PARK AVENUE SUITE 2500 NEW YORK, NY 10022-6815	Х						
Signatures							
/s/ Michael E. Tarvin, attorney- Scully	in-fact for	r Thomas A.		02/28/2005			

**Signature of 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).
- Disposed of in the merger of the issuer with EGL Acquisition Corp., effective February 24, 2005 (the "Merger"), pursuant to the Merger
 (1) Agreement dated October 17, 2004 among the issuer, EGL Holding Company and EGL Acquisition Corp., pursuant to which stockholders of the issuer were paid \$18.00 per share.
- (2) This option was cancelled in the Merger with EGL Acquisition Corp. effective February 24, 2005 in exchange for a cash payment equal to the number of shares subject to the option multiplied by the difference between the exercise price of the option and \$18.00.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners

a currently valid OMB number.

Date