## Edgar Filing: PHILLIPS JONATHAN R - Form 4

PHILLIPS JO	ONATHAN R										
Form 4											
December 28	3, 2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
		DSIAIES		shington,			NGE (	.0MINII5510N	OMB Number:	3235-0287	
Check thi	is box		vv as	anngton,	D.C. 203	49				January 31,	
if no long		EMENT O	F CHAN	GES IN BENEFICIAL OWNERS				NERSHIP OF	Expires: 200		
subject to Section 1	)			SECURITIES					Estimated average burden hours per		
Form 4 or				SECOMTIES					response	rs per 0.5	
Form 5	Filed p	oursuant to S	Section 1	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,	10000100	0.0	
obligation may cont	ns Section 1						•	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Company	Act	of 194	0			
1(b).											
	<b>.</b> .										
(Print or Type R	Responses)										
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	Name and	Ticker or 7	Tradin	a	5. Relationship of	Reporting Pers	son(s) to	
1. Name and Address of Reporting Person * PHILLIPS JONATHAN R2. Issuer Symbol				r Name <b>and</b> Ticker or Trading				Issuer			
			-	MLINE HEALTH							
				IONS INC. [STRM]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			X Director	10%	Owner	
792 CHATHAM AVENUE(Month/D 12/26/20			Day/Year)				Officer (give below)	er (specify			
			12/26/20	012				below) below)			
			4. If Ame	ndment, Date Original			6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line)				
								_X_Form filed by C	One Reporting Pe fore than One Re		
ELMHURS'	T, IL 60126							Person	fore than one re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	med	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	ar) Executio	on Date, if	Transaction(A) or Disposed of (D)					Form: Direct			
(Instr. 3) any (Month/Day/Year)			(Instr. 8)				Beneficially Owned		Beneficial Ownership		
(Month/Day/Teal)							Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(msu. 5 anu 4)			
Common	10/06/00/10			D	15.000		\$	2(7.014	D		
Stock \$.01 Par Value	12/26/2012			Р	15,000	А	¢ 5.13	367,914	D		
r ar value											

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)

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. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
F	Director	10% Owner	Officer	Other			
PHILLIPS JONATHAN R 792 CHATHAM AVENUE ELMHURST, IL 60126	Х						
Signatures							
S/ Matthew D. Rolfes, by powe attorney	er of	12/28/2012					
**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).

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.