

PROXYMED INC /FT LAUDERDALE/

Form 4

August 09, 2001

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person

Hardy, A. Thomas

c/o 2555 Davie Road, Suite 110

Fort Lauderdale, FL 33317

USA

2. Issuer Name and Ticker or Trading Symbol

ProxyMed, Inc.

PILL

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

07/31/2001

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

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

() Director () 10% Owner (X) Officer (give title below) () Other

(specify below)

Senior Vice Pres., Laboratory Services

7. Individual or Joint/Group Filing (Check Applicable Line)

(X) Form filed by One Reporting Person

() Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Transaction Date	3. Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month
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Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	4. Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Price of Underlying Securities
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Employee Stock Option	\$0.92	7/25/01	A	84,300	7/25/06*	Common Stock	84,300
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Explanation of Responses:

*Option vesting may be accelerated to 12/31/01, subject to the Company's and the employee's satisfaction of certain performance criteria.

SIGNATURE OF REPORTING PERSON

A. Thomas Hardy

DATE

August 9, 2001