HealthMarkets, Inc. Form 3 June 14, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> SHULMAN STEVEN J			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HealthMarkets, Inc. [N/A]						
(Last)	(First)	(Middle)	06/09/2006	4. Relationsh Person(s) to I	ip of Reporting	5. If Amendment, Date Original Filed(Month/Day/Year)				
55 NON RO	DAD					· · ·				
(Street) AVON, CT 06001				(Check all applicable) <u></u>		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Table I - I	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial wnership 1str. 5)					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)										
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Table II - Derivative Securities Beneficially Owned (<i>e.g.</i> , puts, calls, warrants, options, convertible securities)										

1. Title of Derivative	2. Date Exercisable	le and	3. Title and Amount of		4.	5.	6. Nature of Indirect
Security	Expiration Date		Securities Underlying		Conversion	Ownership	Beneficial
(Instr. 4)	(Month/Day/Year)		Derivative Security		or Exercise	Form of	Ownership
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Class A-1 Â 06/09/2007(1) 06/09/2016 Common 6,757 \$37 D Stock

Reporting Owners

Stock Option

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SHULMAN STEVEN J 55 NON ROAD AVON, CT 06001	ÂX	Â	Â	Â			
Signatures							
Steven J. Shulman by /s/ Peggy							

uggy U y mpe 06/13/2006 POA Date

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- The options vest 20% on each anniversary date of grant, June 9, 2006, beginning with the first anniversary of the date of grant, based on (1) continued service as a Director

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.