

PROXYMED INC /FT LAUDERDALE/

Form 4

May 10, 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

Ham, Nancy J

423 Woodward Way, N.W.

Atlanta, GA 30305

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

04/30/2001

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)

EVP and Chief Operating Officer

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)	5. Amount of Securities Beneficially Owned at End of Month
			Amount	Price

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

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. Price of Underlying Securities
				Amount	ble	Title and Number of Shares	

Employee Stock Option	\$1.01	4/23/01	A	V	40,200	A	4/23/06*	4/23/11	Common Stock	40,200	\$1.
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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

Nancy J. Ham

DATE

May 9, 2001