### Edgar Filing: Sender Susan - Form 4

Sender Susar Form 4	n										
October 01,											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005			
subject to STATEMENT OF CHA Section 16. Form 4 or					RITIES	ICIA	AL OWI	VEKSHIP OF	Estimated a burden hour response	verage	
Form 5 obligatio may cont See Instru 1(b).	ns Section 17	7(a) of the	Public U	tility Ho		mpan	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type I	Responses)										
Sender Susan Symbol			uer Name <b>and</b> Ticker or Trading l DISYS INC [AMED]				5. Relationship of Reporting Person(s) to Issuer				
(Leet)	(First)				-	-		(Check all applicable)			
				of Earliest Transaction Day/Year) 2018				Director 10% Owner X Officer (give title Other (specify below) below) See Remarks			
				nendment, Date Original Ionth/Day/Year)				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)	Tabl	le I - Non-	Derivative	Secu	rities Acq	uired, Disposed of	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			(A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipIndirectForm: DirectBeneficial(D) orOwnershipIndirect (I)(Instr. 4)(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	09/27/2018			F	819	D	\$ 122.22	14,207	D		
Common Stock	09/27/2018			F	819	D	\$ 122.22	13,388	D		
Common Stock	09/27/2018			F	819	D	\$ 122.22	12,569	D		
Common Stock								63 <u>(1)</u>	I	Through 401(k) Plan	

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
							-	Title			
				Code V	(A) (D)				Shares		
	Security			Code V	(A) or Disposed of (D) (Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Rej Tra

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Sender Susan 3854 AMERICAN WAY, SUITE A BATON ROUGE, LA 70816			See Remarks				
Signatures							
/s/ Jennifer R. Guckert, pursuant to a pattorney	power of		10/01/2018				
<u>**</u> 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).
- (1) The information in this report is based on a plan statement dated as of June 30, 2018.

#### **Remarks:**

#### Chief Clinical Officer

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.