

PROXYMED INC /FT LAUDERDALE/

Form 4

August 06, 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  
 Tolan, Timothy J  
 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  
 08/06/2001
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)  
 Sr. Vice President, Business Dev.
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
Common Stock, \$.001 par value	8/6/01	P	V 2,500	A \$0.89 20,000

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) Amount	6. Date Exercisable and Expiration Date Date of Exercise	7. Title and Amount of Underlying Securities Title and Number of Shares	8. Percentage of Total Ownership
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Explanation of Responses:  
SIGNATURE OF REPORTING PERSON  
Timothy J. Tolan  
DATE  
August 6, 2001