| HealthMarke Form 4 | ets, Inc. | | | | | | | | | | |
|--|--------------------------------|--------------------|--|--|-------------------------------------|--|--|---|--|------------------------|--|
| November 09 | 9, 2006 | | | | | | | | | | |
| FORM | 4 | | | | | | | | | PPROVAL | |
| | UNIII | ED STATES | | hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940 | | | | | ge Act of 1934, f 1935 or Sectio | Expires: January 31, 2005 Estimated average burden hours per response 0.5 n | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| MCCARTY C JACK Symbol | | | r Name and Ticker or Trading Markets, Inc. [N/A] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) | (Middle) | | Earliest Tra | | | | (Chec | k all applicable | e) | |
| | | | n/Day/Year) /2006 | | | | Director10% Owner Officer (give titleXOther (specify below) below) Division Manager | | | | |
| | | | | ndment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PLANO, TX 75075 — Form filed by More than One Reporting Person | | | | | | | eporting | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Securi | ties Acc | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Y | ear) Execution any | on Date, if | 3. Transactic Code (Instr. 8) | on(A) or Di (D) | ispose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Class A-1 Common Stock | 11/08/2006 | | | Code V M | Amount 5,535 | (D) A | Price \$ 9.25 | (Instr. 3 and 4) 16,384 | D | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number on f Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | e Expiration Da | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|---------------------|--|------------------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | \$ 9.25 | 11/08/2006 | | М | 5,535 | 12/08/2002 | 01/07/2007 | Class A-1 Common Stock | 5,535 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|------------------|--|--|--|
| I B | Director | 10% Owner | Officer | Other | | | |
| MCCARTY C JACK 2301 W PLANO PARKWAY SUITE 300 PLANO, TX 75075 | | | | Division Manager | | | |
| Signatures | | | | | | | |
| C. Jack McCarty By /s/ Peggy POA | G. Simpso | on, | 11/09/ | /2006 | | | |
| **Signature of Reporting Pers | son | | Dat | e | | | |

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).

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.

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