| HealthMarke | ets, Inc. | | | | | | | | | | | |
|---|---------------|---------|-------------|---|--|-------|------------|---|--|---|--|--|
| Form 4 | | | | | | | | | | | | |
| December 12 | 2, 2006 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | т | OMB APPROVAL | | | | |
| | UNIII | LUSIAIL | | shington, | | | NGE | | OMB Number: | 3235-0287 | | |
| Check this box | | | | inington, | D.C. 20 | 547 | | | | January 31, | | |
| if no longer STATEMENT OF CHA | | | | NGES IN BENEFICIAL OW | | | | NERSHIP OF | Expires: | Expires. 2005 Estimated average burden hours per | | |
| Subject to STATEMENT OF CHAI | | | | SECURITIES | | | | | | | | |
| Form 4 o | | | | | | | | | response 0.5 | | | |
| Form 5 obligation | | • | | | | | - | ge Act of 1934, | | | | |
| may cont | inue. Section | | | • | • | · · | | f 1935 or Sectio | n | | | |
| <i>See</i> Instru 1(b). | uction | 30(11 |) of the In | vestment | Compan | y Ac | t 01 194 | 40 | | | | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssuMCQUAGGE TROY ASymbol | | | | ssuer Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | • | Iarkets, Iı | nc. [N/A [*] | 1 | | | | | | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| (Mor | | | | Month/Day/Year) | | | | Director 10% Owner | | | | |
| | | | 12/11/20 | 12/11/2006 | | | | | Officer (give titleXOther (specify below) Division Manager | | | |
| (Street) 4. If An | | | 4. If Ame | mendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | | Ionth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| SOUTHLA | KE, TX 76092 | 2 | | | | | | Person | | porting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative a | Secur | ities Aco | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | any | | | | 4. Securities Acquired tion(A) or Disposed of (D)) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Class A-1 | 10/11/0007 | | | М | 2 (00 | ٨ | \$ | 2 (00 | D | | | |
| Common Stock | 12/11/2006 | | | М | 3,690 | A | \$ 9.25 | 3,690 | 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)

Reporting Owners

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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) | Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | · 8 I S (|
|---|---|---|---|--|------------|-------|--|--------------------|---|--|--------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | \$ 9.25 | 12/11/2006 | | М | | 3,690 | 12/08/2002 | 01/07/2007 | Class A-1 Common Stock | 3,690 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|----------|---------------------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| MCQUAGGE TROY A 536 SILICON DRIVE SUITE 100 SOUTHLAKE, TX 76092 | | | | Division Manager | | | | |
| Signatures | | | | | | | | |
| Troy A. McQuagge By Peggy G. POA | Simpson, | 12/ | /12/2006 | | | | | |
| **Signature of Reporting Person | l | | Date | | | | | |
| Explanation of Responses: | | | | | | | | |

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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