HERR HENRY D Form 4

October 18, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Expires:

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obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HERR HENRY D

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

AMERICAN HEALTHWAYS INC [AMHC]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

10/17/2005

_X__ Director Officer (give title

10% Owner Other (specify

AMERICAN HEALTHWAYS, INC., 3841 GREEN HILLS VILLAGE DRIVE

(Street)

(State)

(Zin)

4. If Amendment, Date Original Filed(Month/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

NASHVILLE, TN 37215

(City)

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	orDisposed or	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	10/17/2005		M	37,500	A	\$ 2.48	491,114	D	
Common Stock	10/17/2005		M	45,000	A	\$ 2.07	536,114	D	
Common Stock	10/17/2005		M	45,000	A	\$ 1.89	581,114	D	
Common Stock	10/17/2005		M	50,002	A	\$ 11.58	631,116	D	
	10/17/2005		S	177,502	D		453,614	D	

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Common Stock					\$ 39.0866		
Common Stock	10/17/2005	S	50,000	D	\$ 39.1125	403,614	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option to Buy	\$ 2.48	10/17/2005		M	37,500	09/29/1999(1)	09/29/2008	Common Stock	37,500
Option to Buy	\$ 2.07	10/17/2005		M	45,000	11/12/2000(2)	11/12/2009	Common Stock	45,000
Option to Buy	\$ 1.89	10/17/2005		M	45,000	09/29/2001(3)	09/29/2010	Common Stock	45,000
Option to Buy	\$ 11.58	10/17/2005		M	50,002	10/08/2002(4)	10/08/2011	Common Stock	50,002

Relationships

Reporting Owners

Reporting Owner Name / Address	remaionsmps						
	Director	10% Owner	Officer	Other			
HERR HENRY D							

AMERICAN HEALTHWAYS, INC. 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215

X

Reporting Owners 2

Signatures

/s/ Mary A. Chaput, by power of attorney for Henry D.
Herr
10/18/2005

**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) Option vested 25% per year beginning on 9/29/1999.
- (2) Option vested 25% per year beginning on 11/12/2000.
- (3) Option vested 25% per year beginning on 9/29/2001.
- (4) Option vested 25% per year beginning on 10/8/2002.
- (5) Information in this column is left blank because the transaction represents the conversion of a security.

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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