FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name ar <u>WALD</u> | | 2. Issuer Name and Ticker or Trading Symbol MEDNAX, INC. [MD] | | | | | | | | | tionship all appli Directo | , | | | | | | | |
|--|---|---|--------|-----------------------------------|------------------------------|---------------------------------|--------------|---|---|--------------------|---|--|---------------------------------------|-------------------|--|--|--|--|---|
| (Last) 1301 CO | Last) (First) (Middle) 301 CONCORD TERRACE | | | | | | Earlie 17 | est Trai | nsaction | (Mon | th/Day/Year) | | | Officer below) | (give title | | Other (s below) | pecify | |
| (Street) SUNRISE FL 33323 (City) (State) (Zip) | | | | | _ 4. l [·] | f Amen | dmer | nt, Date | of Origin | nal Fil | led (Month/D | | i. Indiv ine) X | Form f | or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| (Oily) | | | | Non-Deri | vative | Sec | uriti | ies A | cauire | d. D | isposed o | of. or B | enefici | ally (| Owned | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | tion | n 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amount o Securities Beneficially Owned Follo | | s Form: I illy (D) or I ollowing (I) (Inst | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | 1 | Instr. 4) |
| Common | Stock | 017 | .7 | | | M | | 5,334 | A | \$32.3 | 25 | 16 | 6,589 | | D | | | | |
| Common | 017 | 17 | | | S | | 5,334 | D | \$67.90 | 014 ⁽¹⁾ | | 11,255 | | D | | | | | |
| | | Т | able I | | | | | | | | posed of, , converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | action of (Instr. Deriva | | urities uired or oosed O) tr. 3, 4 | Expiration (Month/Dayes d | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Stock Options (Right to | \$32.325 | 02/09/2017 | | _ | М | | | 5,334 | 11/01/2 | 2010 | 11/01/2017 | Commor Stock | 5,334 | 4 \$ | 32.325 | 0 | | D | |

Explanation of Responses:

1. Sales of shares were made in seventeen (17) separate transactions with prices ranging from \$67.83 to \$68.00 for a weighted average sales price of \$67.9014.

Remarks:

Dominic J. Andreano, Attorney-in-Fact

02/10/2017

** Signature of Reporting Person

Date

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

- * 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.

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 Number.