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 burd | en | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

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 and Address of Reporting Person* MEDEL ROGER MD | | | | | | 2. Issuer Name and Ticker or Trading Symbol PEDIATRIX MEDICAL GROUP INC PDX | | | | | | | | 5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% C | | | on(s) to Issu | |
|--|---|--|--|-------|----------------------|---|--|-------------------------|--------------------------------|--------|------------------------|--|--|---|--|---|--|--|
| (Last) 1301 CO | st) (First) (Middle) 01 CONCORD TERRACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2005 | | | | | | | helow) | | JTIVE | Other (s below) E OFFICE | · |
| (Street) SUNRIS (City) | | | 33323-28 (Zip) | 325 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | e) <mark>X</mark> Form | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | Execution Date, | | | | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and 5 | |) Securiti Benefic Owned | 5. Amount of Securities Beneficially Owner following | | Direct Indirect In | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 11/07/20 | | | | | | .005 | | M | | 7,700 | A | \$41.37 | 5 41 | ,033 | | D | | |
| Common Stock 11/07/20 | | | | | | 005 | | S ⁽¹⁾ | | 7,700 | D | \$80.01 | 47 33 | ,333 | | D | | |
| Common Stock | | | | | | | | | | | | | | 2 | 240 | | | BY CHILD |
| | | | Table II | | | | | | | | oosed of, convertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transa Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da | | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | Owr Forr Olly Dire or Ir (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(s) | | |
| Stock Option | \$41.375 | 11/07/2005 | | | M | | | 7,700 ⁽²⁾ | 01/28/1 | 998 | 01/28/2007 | Common Stock | 7,700 | \$0 | 33,96 | 7 | D | |

Explanation of Responses:

- 1. This sale has been executed pursuant to a Rule 10b5-1 trading plan adopted by the reporting person effective February 9, 2004.
- 2. Options granted pursuant to the Company's Amended and Restated Stock Option Plan. Options became exercisable on January 28, 1998.

By: Thomas W. Hawkins 11/09/2005

** 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.