FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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							
1. Name and Address of Reporting Person* FREEMAN ROGER K						2. Issuer Name <b>and</b> Ticker or Trading Symbol PEDIATRIX MEDICAL GROUP INC PDX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
														X Directo	r	10% C	wner	
															Officer (give title below)		specify	
(Last) (First) (Middle) 1301 CONCORD TERRACE						3. Date of Earliest Transaction (Month/Day/Year) 05/06/2005								below)			below)	
(Street)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
SUNRISE FL 33323-282			25									X Form filed by One Reporting Person			on			
															led by More than One Reporting		rting	
(City) (State) (Z			(Zip)										Person					
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			ole I - Nor	1		_			· ·	ואוט		-		1				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of Code (Instr. 5)			es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	Form (D) o	Ownership orm: Direct 0) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							` .		Code	v	Amount	(A) or	Price	Reported Transact	on(s)		(Instr. 4)	
									Code	<u> </u>	Alliount	(D)	FIICE	(Instr. 3 a	ind 4)			
			Table II - I								osed of, onvertib			Owned				
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	3)		
Stock Options (Right to	\$74.6	05/06/2005			A		4,000(1)		05/06/200	15	05/06/2015	Common Stock	4,000	\$0	4,000	D		

## **Explanation of Responses:**

1. Options granted pursuant to the Company's Amended and Restated Stock Option Plan.

BY: THOMAS W. HAWKINS 05/10/2005

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.