## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

L

1. Name and Addres <u>HAWKINS T</u>	s of Reporting Person <sup>*</sup> HOMAS W	·	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>PEDIATRIX MEDICAL GROUP INC</u> [ PDX ]		ionship of Reporting Person all applicable) Director Officer (give title below)	(s) to Issuer 10% Owner Other (specify below)	
(Last)     (First)     (Middle)       1301 CONCORD TERRACE		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2006	SVP General Counsel & Sec			
Street) SUNRISE FL 33323		33323	4. If Amendment, Date of Original Filed (Month/Day/Year) 06/06/2006	6. Indivi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting		
(City)	(State)	(Zip)			Person	g	

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of 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	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	06/01/2006	06/01/2006	A		10,417(1)	Α	\$ <mark>0</mark>	48,871	D	

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. Transa Code ( 8)		5. Number o Derivative Securities Acquired (A Disposed of (Instr. 3, 4 au 5)	) or (D)	6. Date Exercis Expiration Dat (Month/Day/Ye	e	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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Options (right to buy)	\$44.7	06/01/2006		A		31,250 <sup>(2)(4)</sup>		06/01/2007 <sup>(3)</sup>	06/01/2016	Common Stock	31,250	\$0	31,250	D	

Explanation of Responses:

1. Restricted shares granted pursuant to the Company's 2004 Incentive Compensation Plan on June 1, 2006. One-third of the restricted shares vest on each of June 1, 2007, June 1, 2008 and June 1, 2009 2. Options granted pursuant to Company's 2004 Incentive Compensation Plan.

3. One-third vests on each of June 1, 2007, June 1, 2008 and June 1, 2009.

4. On June 6, 2006, the reporting person filed a Form 4 reporting the grant of restricted stock and stock options. Column 5 of Table II inadvertently reported the stock options as "Disposed" rather than "Acquired".

/s/ Thomas W. Hawkins Date

06/06/2006

\*\* Signature of Reporting Person

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.