

PROXYMED INC /FT LAUDERDALE/

Form 4

March 17, 2003

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

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person

Ham, Nancy J
c/o 2555 Davie Road, #110
Fort Lauderdale, FL 33317
USA

2. Issuer Name and Ticker or Trading Symbol

ProxyMed, Inc.
PILL

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

03/14/2003

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

() Director () 10% Owner (X) Officer (give title below) () Other
(specify below)

President and Chief Operating Officer

7. Individual or Joint/Group Filing (Check Applicable Line)

(X) Form filed by One Reporting Person
() Form filed by More than One Reporting Person

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

1. Title of Security	2. Transaction Date	3. Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month
Common Stock, \$.001 par value	03/14/03	P	V750	A \$9.30 4,083*

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount	6. Date Exercisable and Expiration Date Date (Month/Day/Year)	7. Title and Amount of Underlying Securities Title and Number of Shares	8. Percentage of Total Ownership
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Explanation of Responses:

*50,000 shares of the total of Non-Derivative Securities is adjusted to reflect the 1-for-15 reverse stock split that took place on August 21, 2001.

SIGNATURE OF REPORTING PERSON

Nancy J. Ham

DATE

March 17, 2003