Owen Randel G Form 5 February 14, 2011

FORM	15						OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								3235-0362		
Check thi no longer		VV a	Washington, D.C. 20549				Expires:	January 31, 2005		
to Section Form 4 or 5 obligation may conti	Form ANN		TATEMENT OF CHANGES IN BENE OWNERSHIP OF SECURITIES				Estimated average burden hours per			
See Instru 1(b).	Filed pur oldings Section 17(rsuant to Section (a) of the Public U 30(h) of the In	Itility Holdin	ng Compa	ny Act of	1935 or Section	·	1.0		
1. Name and A	Address of Reporting lel G	Person * 2. Issuer Symbol	· · · · · · · · · · · · · · · · · · ·				5. Relationship of Reporting Person(s) to Issuer			
		Emerge [EMS]	Emergency Medical Services CORP [EMS]				(Check all applicable)			
(Last)	(First) (1	(Month/	(Month/Day/Year)X_ C			DirectorX Officer (give below)		Owner r (specify		
SERVICES	GENCY MEDIC CORP., 6200 S E WAY, SUITE	AL S.	2010			Chief I	Financial Office	er		
	(Street)		Filed(Month/Day/Year)				oint/Group Reporting k applicable line)			
	OOD CO 80111-47	737				_X_ Form Filed by (Form Filed by M Person				
(City)	(State)	(Zip) Tab	ole I - Non-Dei	rivative Sec	urities Acqu	ired, Disposed of	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	Code	(A) or Dis (Instr. 3, 4	(A) or	Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common Stock	03/12/2010	Â	F4	Amount 2,568 (1)	(D) Price D \$ 55.16	3/1 032	D	Â		

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

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 control number.

SEC 2270

(9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									A 4	
									Amount	
						Date	Expiration	T:41-	or Namel	
						Exercisable	Date		Number	
					(A) (D)				of	
					(A) (D)				Shares	

of D

Reporting Owners

Reporting Owner Name / Address	Relationships						
.	Director	10% Owner	Officer	Other			
Owen Randel G							
C/O EMERGENCY MEDICAL SERVICES CORP.	â	â	Chief Financial Officer	â			
6200 S. SYRACUSE WAY, SUITE 200	A A		A Cinei Financiai Officei	A			
GREENWOOD VILLAGE Â COÂ 80111-4737							

Signatures

/s/ Randel G.
Owen

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Represents the withholding of shares upon the vesting of restricted stock on March 12, 2010 to satisfy income tax obligations, as disclosed in the issuer's Quarterly Report on Form 10-Q for the quarter ended September 30, 2010.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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