

INTEGRAMED AMERICA INC

Form 4

June 05, 2002

1. Name and Address of Reporting Person
 Levy, M.D., Michael J.
 IntegraMed America, Inc.
 One Manhattanville Road
 Purchase, NY 10577-2100
2. Issuer Name and Ticker or Trading Symbol
 IntegraMed America, Inc. (INMD)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 5/2002
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)
 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. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code	4. Securities Acquired (A) or Disposed of (D)			5. Amou Secu Bene Owne End Mont
		Code	V	Amount	A/D	Price

Common Stock

05/21/2002 J