MASON DAVID F Form 4 November 21, 2005

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * MASON DAVID F

2. Issuer Name and Ticker or Trading Symbol

Issuer

PER SE TECHNOLOGIES INC

[PSTI]

Director

10% Owner

11/17/2005

(First)

(Street)

(State)

3. Date of Earliest Transaction (Month/Day/Year)

X_ Officer (give title below) President, PSD Acad & M-S Ops

Other (specify

1145 SANCTUARY PARKWAY, SUITE 200

4. If Amendment, Date Original

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

Filed(Month/Day/Year)

(Middle)

(Zip)

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

5. Relationship of Reporting Person(s) to

(Check all applicable)

ALPHARETTA, GA 30004

| (,) | (~) | Table | e I - Non-De | erivative S | securi | ties Acc | quirea, Disposea | of, or Beneficial | lly Owned |
|-----------------|---------------------|--------------------|----------------|-------------|-----------|------------|------------------|-------------------|--------------|
| 1.Title of | 2. Transaction Date | | 3. | 4. Securi | | | 5. Amount of | 6. Ownership | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | nAcquired | d (A) c | or | Securities | Form: Direct | Indirect |
| (Instr. 3) | | any | Code | Disposed | d of (D |)) | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, | 4 and | 5) | Owned | Indirect (I) | Ownership |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | | (4) | | Reported | | |
| | | | | | (A) | | Transaction(s) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common | 11/17/0005 | | x a (1) | ((00 | | Φ. | ((00 | Ъ | |
| Stock | 11/17/2005 | | M <u>(1)</u> | 6,600 | A | \$ 6 | 6,600 | D | |
| Common Stock | 11/17/2005 | | S(1) | 6,600 | D | \$ 23 | 0 | D | |

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

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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 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. Transactic Code (Instr. 8) | Transaction Derivative I Code Securities (| | • | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|---------------------|--------------------|-----------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Employee Stock Option (right to buy) | \$ 6 | 11/17/2005 | | M <u>(1)</u> | 6,600 | 03/07/2002 | 03/07/2012 | Common Stock | 6,600 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships |
|--------------------------------|---------------|
|--------------------------------|---------------|

Director 10% Owner Officer Other

MASON DAVID F 1145 SANCTUARY PARKWAY SUITE 200 ALPHARETTA, GA 30004

President, PSD Acad & M-S Ops

Signatures

/s/ DAVID F. MASON 11/18/2005

**Signature of Date
Reporting Person

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) The transactions reported consist of the exercise of an aggregate of 6,600 employee stock options and the concurrent sale of the underlying shares of common stock.

Note: File three copies of this Form, one of which must be manually signed. If space 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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