

SWERGOLD LEOPOLD
Form 4
December 01, 2004

FORM 4

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

OMB APPROVAL

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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 OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
SWERGOLD LEOPOLD

2. Issuer Name and Ticker or Trading Symbol
SELECT MEDICAL CORP [SEM]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
230 PARK AVENUE
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
12/01/2004

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

NEW YORK, NY 10169

(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. 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 (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, par value \$.01 per share	12/01/2004		J ⁽¹⁾	19,000 A	\$ 0 55,764	D	
Common Stock, par value \$.01 per share	12/01/2004		J ⁽²⁾	160,000 D	\$ 0 0 ⁽³⁾	I	By Anvers Healthcare Investors Master Fund, Ltd.
Common Stock, par value \$.01					100,004 ⁽³⁾	I	By Anvers, L.P.

per share

Common
Stock, par
value \$.01
per share

40,000 ⁽³⁾ I

By Anvers
II, L.P.

Common
Stock, par
value \$.01
per share

3,770 I

By Spouse

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 6)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SWERGOLD LEOPOLD 230 PARK AVENUE NEW YORK, NY 10169		X		

Signatures

/s/ Michael E. Tarvin, attorney-in-fact for Leopold Swergold

12/01/2004

__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) Distribution from Anvers Healthcare Investors Master Fund, Ltd. to Mr. Swergold.
- (2) Distribution from Anvers Healthcare Investors Master Fund, Ltd. in connection with the liquidation of the Fund.

Mr. Swergold is the Senior Managing Director of FSIP, LLC, which is the general partner of Anvers, L.P. and Anvers II, L.P. and

- (3) investment advisor to Anvers Healthcare Investors Master Fund, Ltd. Mr. Swergold disclaims beneficial ownership of any shares held by Anvers, L.P., Anvers II, L.P. and Anvers Healthcare Investors Master Fund, Ltd. that exceed his pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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