

INTEGRAMED AMERICA INC

Form 4

June 08, 2001

1. Name and Address of Reporting Person
Lifchez, M.D., Aaron
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
5/2001
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-	3. Trans-	4. Securities Acquired (A) or Disposed of (D)			5. Amou
	action	action				Secu
	Date	Code				Bene
						Owne
	(Month/					End
	Day/					Mont
	Year)	Code V	Amount	A/D	Price	

Common Stock

05/22/2001 J