

Edgar Filing: CERNER CORP /MO/ - Form 4

CERNER CORP /MO/
Form 4
March 12, 2001

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

FORM 4
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue.

1. Name and Address of Reporting Person(s)
Herman, Michael E.
2800 Rockcreek Parkway

Kansas City, MO 64117-2551
2. Issuer Name and Ticker or Trading Symbol
Cerner Corporation (CERN)
3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)
4. Statement for Month/Year
02/01
5. If Amendment, Date of Original (Month/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 Code V	4. Securities Acquired (A) or Disposed of (D) A or D Price
Common Stock	02/15/01	S	3,000 D \$60.000000

Table II (PART 1) Derivative Securities Acquired, Disposed of, or Beneficially Owned (Columns 1

1) Title of Derivative Security	2) Conversion or Exercise Price of Derivative Security	3) Trans- action Date	4) Trans- action Code Code V	5) Number of Derivative Securities Acquired (A) or Disposed of (D) A D
------------------------------------	--	-----------------------------	---------------------------------------	--

Table II (PART 2) Derivative Securities Acquired, Disposed of, or Beneficially Owned (Columns 1

1) Title of Derivative Security	3) Trans- action	7) Title and Amount of Underlying	8) Price of Deri-
------------------------------------	---------------------	--------------------------------------	----------------------

Edgar Filing: CERNER CORP /MO/ - Form 4

Date	Securities	Amount or Number of Shares	vative Security
-	Title		
<hr/>			

SIGNATURE OF REPORTING PERSON
/S/ Herman, Michael E.
DATE