SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2003-11-05** | Period of Report: **2003-11-03** SEC Accession No. 0001249013-03-000039

(HTML Version on secdatabase.com)

REPORTING OWNER

KONOWIECKI JOSEPH S

CIK:1209523

Type: 4 | Act: 34 | File No.: 001-31700 | Film No.: 03980749

Mailing Address 5995 PLAZA DR CYPRESS CA 90630

ISSUER

PACIFICARE HEALTH SYSTEMS INC /DE/

CIK:1027974| IRS No.: 954591529 | State of Incorp.:DE | Fiscal Year End: 0930 SIC: 6324 Hospital & medical service plans

Mailing Address 3120 LAKE CENTER DRIVE SANTA ANA CA 92704 Business Address 3120 LAKE CENTER DRIVE SANTA ANA CA 92704 7148255200

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OIVID AFF	OVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

(City)	(State)	(Zip)		
CYPRESS, CA 90	630			X Form Filed by One Reporting Person Form Filed by More than One Reporting Person
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing (Check applicable line)
5995 PLAZA DRI	VE			
			11/03/2003	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	below) EVP, General Counsel
1. Name and Address KONOWIECK	. 0	on <u>*</u>	2. Issuer Name and Ticker or Trading Symbol PACIFICARE HEALTH SYSTEMS INC /DE/ [PHS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Total 10% Owner X Officer (give title Other (specify below)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year)	Deemed Execution	3. Transaction Code (Instr.					5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	٧	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)		
Common Stock	11/03/2003		<u>M</u>		4,000	A	\$40.5	81,079.644	D		
Common Stock	11/03/2003		<u>S</u>		4,000	D	\$60	77,079.644	D		
Common Stock	11/03/2003		<u>M</u>		2,100	Α	\$40.5	79,179.644	D		
Common Stock	11/03/2003		<u>s</u>		2,100	D	\$60	77,079.644	D		
Common Stock								279	I	By 401(k) plan	
Common Stock								166	I	by Son 1	
Common Stock								166	I	by Son 2	
Common Stock								166	I	by Son 3	
Common Stock								500	I	by Trust	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1	1. Title of	2.	3.	3A.	4.	5. Number	6. Date Exercisable and	7. Title and Amount	8. Price	9. Number of	10.	11. Nature
-	Derivative	Conversion	Transaction	Deemed	Transaction	of	Expiration Date (Month/	of Securities	of	Derivative	Ownership	of Indirect
-	Security	or Exercise	Date (Month/	Execution	Code	Derivative	Day/Year)	Underlying	Derivative	Securities	Form of	Beneficial
-	(Instr. 3)	Price of	Day/Year)	Date, if	(Instr. 8)	Securities		Derivative Security	Security	Beneficially	Derivative	Ownership
-		Derivative		any		Acquired		(Instr. 3 and 4)	(Instr. 5)	Owned	Security:	(Instr. 4)
-		Security		(Month/		(A) or				Following	Direct (D)	
-				Day/		Disposed of				Reported	or Indirect	
-				Year)		(D) (Instr. 3,				Transaction(s)	(I) (Instr.	
1						4, and 5)				(Instr. 4)	4)	
•		ı	l	1					ı			ı

			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$40.5	11/03/2003	<u>M</u> (1)			4,000	02/14/1997	12/16/2003	Common Stock	4,000	\$ 0	10,000	D	
Non- Qualified Stock Option (right to buy)	\$40.5	11/03/2003	<u>M</u> (1)			2,100	02/14/1997	12/16/2003	Common Stock	2,100	\$ 0	7,900	D	

Explanation of Responses:

1. Exercise of stock option granted under the 1996 Stock Option Plan for Officers and Key Employees of PacifiCare Health Systems, Inc., as amended in a transaction exempt under Rule 16b-3.

Signatures

Konowiecki, Joseph S 11/05/2003

** Signature of Reporting Person

Date

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

- * 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).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.