

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **1999-07-27** | Period of Report: **1999-07-23**  
SEC Accession No. **0000950144-99-009169**

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### SUBJECT COMPANY

#### MEDICAL MANAGER CORP

CIK: **1022147** | IRS No.: **593396629** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
Type: **4** | Act: **34** | File No.: **000-29090** | Film No.: **99671064**  
SIC: **7373** Computer integrated systems design

#### Mailing Address

*3001 NORTH ROCKY POINT  
DR STE 100  
C/O NATIONAL MEDICAL  
SYSTEMS INC  
TAMPA FL 33607*

#### Business Address

*3001 N ROCKY POINT DR E  
STE 100  
TAMPA FL 33607  
8132872990*

### REPORTING OWNER

#### KRIEGER FRANKLYN M

CIK: **1043478**  
Type: **4**

#### Mailing Address

*MEDICAL MANAGER CORP  
3001 NORTH ROCKY POINT  
DRIVE SUITE  
TAMPE FL 33657*

#### Business Address

*MEDICAL MANAGER CORP  
3001 NORTH ROCKY POINT  
DRIVE SUITE  
TAMPE FL 33657  
8132872990*

FORM 4

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

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OMB APPROVAL

OMB Number 3235-0287
Expires: February 1, 1997
Estimated average burden
hours per response..... 0.5

[X] Check 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

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(f) of the Investment Company Act of 1940

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Table with 6 columns: 1. Name and Address of Reporting Person(1), 2. Issuer Name and Ticker or Trading Symbol, 3. IRS or Social Security Number of Reporting Person (Voluntary), 4. Statement For Month/Year, 5. If Amendment, Date of Original (Month/Year), 6. Relationship of Reporting Person to Issuer (Check all applicable), 7. Individual or Joint/Group Filing (Check applicable line)

TABLE 1 -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

Table with 7 columns: 1. Title of Security (Instr. 3), 2. Transaction Date (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 at End of Month (Instr. 3 and 4), 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4), 7. Nature of Ownership: Direct Beneficial (Instr. 4)

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. (Print or Type Responses) SEC 1474 (8-92) (Over)

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FORM 4 (CONTINUED)

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

<S>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed or (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)		
			Code V	(A) (D)	Date Expiration Date	Title Amount or Number of Shares			
OPTIONS	\$11.00/sh	7/23/99	J*	7,500	7/23/99 1/30/07	Common Stock 7,500	*		
OPTIONS	\$29 9/16/sh	7/23/99	J*	5,000	7/23/99 4/30/08	Common Stock 5,000	*		
OPTIONS	\$17.875/sh	7/23/99	J*	5,000	7/23/99 9/3/08	Common Stock 5,000	*		

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9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
0	D	N/A
0	D	N/A
0	D	N/A

Explanation of Responses:

\* The reporting person received, by the assumption by Synthetic, Inc. pursuant to a merger of Medical Manager Corporation with Synthetic, Inc., options to purchase 10,938 shares of Synthetic common stock in exchange for the stock options to purchase 17,500 shares of Medical Manager common stock referred to in Table II.

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Franklyn M. Krieger 7/26/99

\*\*Signature of Reporting Person Date Franklyn M. Krieger

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

If space provided is insufficient, see Instruction 5 for procedure.

(Print or Type Responses)

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