

STATE OF OREGON

Director of the Department of Consumer and Business Services

FORM 4
STATEMENT OF CHANGE OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed Pursuant to:

CLEAR CHOICE HEALTH PLANS, INC.

[Name of insurance company]

JOSEPH JOHNSON, M.D.

[Name of person whose ownership is reported]

2965 NE CONNERS AVE, BEND, OR 97701

[Business address of such person; street, city, zone, state]

Relationship of such person to company named above.

(See instruction 5) CHIEF MEDICAL OFFICER

Statement for Calendar Month of JUNE 2009

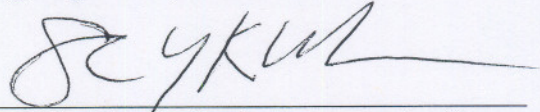
CHANGES DURING MONTH AND MONTH-END OWNERSHIP (See instruction 6)

TITLE OF SECURITY <small>(See Instr. 7)</small>	DATE OF TRANSACTION <small>(See Instr. 8)</small>	AMOUNT BOUGHT OR OTHERWISE ACQUIRED <small>(See Instr. 9)</small>	AMOUNT SOLD OR OTHERWISE DISPOSED OF <small>(See Instr. 9)</small>	NATURE OF OWNERSHIP <small>(See Instr. 10)</small>	AMOUNT OWNED BENEFICIALLY AT END OF MONTH <small>(See Instr. 9)</small>
Common Stock	June 19, 2009	166 ⁽¹⁾	n/a	DIRECT	166
Common Stock Options	n/a	n/a	n/a	DIRECT	550 ⁽²⁾

REMARKS: (See instruction 11)

- (1) Received a grant of 166 shares of common stock on 06/19/09 at a grant price of \$8.50 per share.
- (2) Includes total vested common stock options. In addition, there are 1,100 unvested common stock options.

I affirm under penalty of perjury that the foregoing is full, true and correct



Signed by Sandra Loder, attorney-in-fact for Joseph Johnson, MD

Date of statement: June 25, 2009