## 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) Sword, Stanley M 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 [X] Officer (give title below) [ ] Other (specify below) Chief People Officer 7. Individual or Joint/Group Filing (Check Applicable Line) [X] 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	action	4.Securities Acquired(A) or Disposed of (D)		
	Date (Month/ Day/Year)	Code Code V	A		
			Amount	or D	Price
Common Stock	02/13/01	Х	1,000	A	\$19.000000
Common Stock	02/13/01	S	1,000	D	\$59.250000
Common Stock					
Table II (PART 1) Derivative Securitie	s Acquired Dispo	sed of or	Beneficial	lv Owne	ed (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	
Non-Qualified Stock Option (right to buy)	\$19.000000	02/13/01	х		1,000

Table II (PART 2) Derivative	Securities	Acquired, Disposed of,	or Beneficially Owned	(Columns 1
1)Title of Derivative Security	3)Trans- action Date	7)Title and Amount of Underlying Securities	Amount or Number of	8)Price of Deri- vative Security
-		Title	Shares	
Non-Qualified Stock Option (right to buy)	02/13/01	Common Stock	1,000	

## Edgar Filing: CERNER CORP /MO/ - Form 4

SIGNATURE OF REPORTING PERSON /S/ Sword, Stanley M DATE