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CHINDEX INTERNATIONAL INC

Reported by

GOODWIN ROBERT C JR

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/22/03 for the Period Ending 12/26/03

Address	4340 EAST WEST HWY SUITE 1100 BETHESDA, MD 20814
Telephone	3012157777
CIK	0000922717
Symbol	CHDX
SIC Code	5047 - Medical, Dental, and Hospital Equipment and Supplies
Industry	Medical Equipment & Supplies
Sector	Technology
Fiscal Year	07/09

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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

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person *	2. Issuer Name **and** Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
GOODWIN ROBERT C JR	**CHINDEX INTERNATIONAL INC [CHDX]**	__ **X** __ Director _____ 10% Owner
(Last) (First) (Middle) **7201 WISCONSIN AVENUE, SUITE 703**	3. Date of Earliest Transaction (MM/DD/YYYY) **12/26/2003**	__ **X** __ Officer (give title below) _____ Other (specify below) **Executive Vice President**
(Street) **BETHESDA, MD 20814-4850** (City) (State) (Zip)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. 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 (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to purchase Common Stock	**$4.3905**	**12/22/2003**	**12/22/2003**	**P**		**5000.0000**		**9/11/2000**	**9/11/2010**	**Common Stock**	**5000.0000**	(1)	**80910.0000** (2)	**D**	
Option to Purchase Common Stock	**$30.2080**	**12/22/2003**	**12/22/2003**	**S**			**5000.0000**	**9/11/2000**	**9/11/2010**	**Common Stock**	**5000.0000**	(1)	**80910.0000** (2)	**D**	

Explanation of Responses:

(1) See Column 2

(2) Total number of remaining options

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOODWIN ROBERT C JR **7201 WISCONSIN AVENUE** **SUITE 703** **BETHESDA, MD 20814-4850**	**X**		**Executive Vice President**	

Signatures

Robert C. Goodwim, Jr.
** Signature of Reporting Person

12/22/2003
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 control number.

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