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Form 4 March 07, 2	010										
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check th if no lon	ger								Expires:	January 31, 2005	
subject to STATEMENT OF CHANG					BENEFI	ICIA	LOWN	ERSHIP OF	Estimated a burden hour response	verage	
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	Responses)										
GOLDSTEIN MICHAEL Symbol				er Name and Ticker or Trading c Health, Inc. [TDOC]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle) 3. Date of Earliest Transaction					(Checl	k all applicable)			
(Month/D C/O TELADOC HEALTH, INC.,, 2 03/05/20 MANHATTANVILLE ROAD,				Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
SUITE 203											
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	E, NI 10377							Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securi	ities Acqu	ired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		(A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	03/05/2019			М	20,500	А	\$ 8.71	21,418	D		
Common Stock	03/05/2019			S	10,500	D	\$ 63.33 (1)	10,918	D		
Common Stock	03/05/2019			S	10,000	D	\$ 63.47 (2)	918	D		

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (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 1 2 (
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 8.71	03/05/2019	М	20,500	<u>(3)</u>	02/25/2025	Common Stock	20,500	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOLDSTEIN MICHAEL C/O TELADOC HEALTH, INC., 2 MANHATTANVILLE ROAD, SUITE 203 PURCHASE, NY 10577	х						
Signatures							
/s/ Adam C. Vandervoort, attorney-in-fact	03/07/20	19					
**Signature of Reporting Person	Date						

Explanation of Responses:

* 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).

Represents the weighted average price of transactions ranging from \$63.25 to \$63.61. The reporting person undertakes to provide, upon (1) request by the SEC staff, the issuer or any security holder of the issuer, full information regarding the number of shares sold at each separate price.

Represents the weighted average price of transactions ranging from \$63.39 to \$63.56. The reporting person undertakes to provide, upon

(2) request by the SEC staff, the issuer or any security holder of the issuer, full information regarding the number of shares sold at each separate price.

(3)

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The option vested as to 25% of the shares on February 25, 2016. The remainder of the shares vested in 36 equal monthly installments thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.