Levy Lewis Form 4 April 12, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instruction

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * Levy Lewis

> (First) (Middle)

C/O TELADOC HEALTH, INC., 2

MANHATTANVILLE ROAD. **SUITE 203**

PURCHASE, NY 10577

(Street)

2. Issuer Name and Ticker or Trading Symbol

Teladoc Health, Inc. [TDOC]

3. Date of Earliest Transaction (Month/Day/Year)

04/11/2019

4. If Amendment, Date Original

Filed(Month/Day/Year)

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

below)

Chief Medical Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, 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)	3. Transactic Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 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)
Common Stock	04/11/2019		Code V M	Amount 425	(D)	Price \$ 35.45	4,805	D	
Common Stock	04/11/2019		M	250	A	\$ 38.55	5,055	D	
Common Stock	04/11/2019		S	675 <u>(1)</u>	D	\$ 56.8	4,380	D	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form

SEC 1474 (9-02)

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displays a currently valid OMB control

Chief Medical Officer

8. In Section (Ins

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number coof Derivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 35.45	04/11/2019		M	425	(2)	07/14/2027	Common Stock	425
Employee Stock Option (right to buy)	\$ 38.55	04/11/2019		M	250	<u>(3)</u>	03/01/2028	Common Stock	250

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Levy Lewis

C/O TELADOC HEALTH, INC.

2 MANHATTANVILLE ROAD, SUITE 203

PURCHASE, NY 10577

Signatures

/s/ Adam C. Vandervoort, attorney-in-fact 04/12/2019

**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).

(1)

Reporting Owners 2

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The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan that was adopted by the reporting person on March 11, 2019.

- (2) The option vests as to 25% of the shares on July 14, 2018. The remainder of the shares vest in 36 equal monthly installments thereafter.
- (3) The option vests as to 25% of the shares on March 1, 2019. The remainder of the shares vest 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.