Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP											
Form 4												
January 05, 20	17											
FORM	4								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this				_					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				ES IN BENEFICIAL OWNE				ERSHIP OF	Estimated a	2005 Verage		
Section 16.	SECURITIES							burden hours per				
Form 4 or Form 5	T 1	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligations	-						-					
may contin	ue.		of the Inve	•	- ·	•		935 or Section				
See Instruct 1(b).	tion	50(II)			ompany	Acto	1 1 9 40					
(Print or Type Rea	sponses)											
1 Name and Add	Iracs of Donorting	Damon *					5	Delationship of I	Donorting Dorg	on(s) to		
1. Name and Address of Reporting Person *2. Issuer Name and Ticker orLevy Cheryl B.Symbol					icker or Ti	rading		. Relationship of I ssuer	Reporting Pers	on(s) to		
				ISOUTH CORP [HLS]								
								(Check	(Check all applicable)			
(Last) (First) (Middle) 3. Date of E (Month/Day 3137 BROOK HIGHLAND DRIVE 01/03/201				Earliest Transaction				Director	10%	Owner		
				-				Officer (give title Other (specify				
							b	elow) Chief Huma	below) In Resources C	officer		
	(Street)		4. If Amend	lment Date	Original		6	Individual or Ioi	nt/Group Filin	o(Check		
Filed(Month				-				6. Individual or Joint/Group Filing(Check Applicable Line)				
							-	X_Form filed by O				
BIRMINGHA	M, AL 35242						P	Form filed by Mo Person	ore than One Re	porting		
(City)	(State)	(Zip)	Table 1	I - Non-Dei	rivative Se	curitie	s Acqui	red, Disposed of,	or Beneficial	y Owned		
1.Title of	2. Transaction D	ate 2A. D	eemed	-				5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea	ar) Execu	tion Date, if	, if Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect		
(Instr. 3)		any (Mont	Code (Instr. 3, 4 and 5) (Day/Year) (Instr. 8)				5)	Beneficially Owned		Beneficial Ownership		
		(INIOIII	h/Day/Year)	(Instr. 8)				Following	Direct (D) or Indirect	(Instr. 4)		
						(A)		Reported	(I)			
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Healthsouth Common	01/03/2017			F	2,125		\$	84,388	D			
	01/03/2017			1	(1)	D	41.24	04,000	D			

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

Stock

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.

 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. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / A	Address	Relationships						
	Director	10% Owner	Officer	Other				
Levy Cheryl B. 3137 BROOK HIGHLAND DRIVE BIRMINGHAM, AL 35242			Chief Human Resources Officer					
Signatures								
/s/ Cheryl B. Levy	01/05/2017							

<u>**</u>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) These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the related restricted stock.

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.