Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP											
Form 4												
February 21, 20	017											
FORM	4 LINETED ST	гатес (FCUDIA	TEC AN			CE C	OMMERION		PROVAL		
Check this box									OMB Number:	3235-0287		
if no longer			CHANG			.	0110		Expires:	January 31, 2005		
subject to Section 16. Form 4 or						ERSHIP OF	Estimated average burden hours per response					
Form 5 obligations may continu <i>See</i> Instruct 1(b).	e. Section 17(a)	of the Pu		ty Holdin	g Compa	any A	Act of	e Act of 1934, 1935 or Sectior 0				
(Print or Type Res	ponses)											
1. Name and Address of Reporting Person <u>*</u> Fay Edmund			2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Mie	idle) 3	3. Date of Earliest Transaction					(Check	c all applicable)		
527 VALLEY ROAD			(Month/Day/Year) 02/17/2017					Director 10% Owner X_ Officer (give title Other (specify below) below) Sr. Vice Pres. and Treasurer				
					Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
BIRMINGHA	M, AL 35206							_X_ Form filed by O Form filed by M Person				
(City)	(State) (Z	ip)	Table I	- Non-Deri	ivative Sec	curitie	es Acqu	iired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	emed on Date, if 'Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)))	5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)				
Healthsouth Common Stock	02/17/2017			А	2,812 (1)	А	\$0	75,677	D			
Healthsouth Common Stock	02/17/2017			А	3,132 (2)	А	\$ 0	78,809	D			
Healthsouth Common Stock	02/21/2017			F	821 <u>(3)</u>	D	\$ 42	77,988	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. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or	3	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
				Disposed						Trans
				of (D) (Instr. 3,						(Instr
				(Insu: 3, 4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Fay Edmund 527 VALLEY ROAD BIRMINGHAM, AL 35206			Sr. Vice Pres. and Treasurer					
Signatures								

Patrick Darby, attorney-in-fact for Edmund Fay

02/21/2017

Date

Explanation of Responses:

**Signature of Reporting Person

- * 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) Award of restricted stock pursuant to the Corporation's 2016 Omnibus Performance Incentive Plan.
- (2) This grant of restricted stock is the result of the satisfaction of certain performance criteria set out in the terms of a performance share unit award made on February 19, 2015.
- (3) 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.