Edgar Filing: HEALTHSOUTH CORP - Form 4

| HEALTHSOU' | TH CORP | | | | | | | | | | | |
|---|--|---------|------------------------|---------------------------------|--|---------|---|---------------------------------|---|---------------------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| May 09, 2016 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECONTIES AND EACHANGE COMMISSION | | | | | | | | OMB | 3235-0287 | | | |
| Check this b | ov | | Was | hington, D | .C. 2054 | 9 | | | Number: | | | |
| if no longer | | | | | | TAT | 0110 | | Expires: | January 31, 2005 | | |
| subject to | subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | ERSHIP OF | Estimated average | | | |
| Section 16. Form 4 or | . SECURITIES | | | | | | | burden hours per | | | | |
| Form 5 | Filed n | urenon | t to Section 16 | S(n) of the S | Couritio | Eve | hange | Λ ct of 103/ | response 0.5 | | | |
| obligations | Section 1 | | | | | | • | 1935 or Section | 'n | | | |
| may continu | le. | | 0(h) of the Inv | • | • | | | | 1 | | | |
| See Instructi 1(b). | lon | U | 0(11) 01 010 111 | | | | | • | | | | |
| | | | | | | | | | | | | |
| (Print or Type Res | ponses) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1. Name and Add | | 8 | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| Symbol | | | | | | Issuel | | | | | | |
| | | | HEALT | HSOUTH (| CORP [F | ILS | | (Check | c all applicable |) | | |
| (Last) | (First) | (Middle | | 3. Date of Earliest Transaction | | | | | | | | |
| | | | | (Month/Day/Year) | | | | | X_ Director 10% Owner Officer (give title Other (specify | | | |
| 18 OGDEN R | UAD | | 05/05/20 |)16 | | | | below) | below) | a (speeny | | |
| (Street) | | | 4. If Amer | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| Fi | | | | th/Day/Year) | | | | Applicable Line) | | | | |
| Earna filad by N | | | | | | | One Reporting Person fore than One Reporting | | | | | |
| SCARSDALE | , NY 10583 | | | | | | | Person | ore than one Re | porting | | |
| (City) | (State) | (Zip) | Table | e I - Non-Deri | ivative Se | curitie | es Acqu | iired, Disposed of, | , or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction | | | 3. | 4. Securi | | | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | | | | TransactionAcquired (A) or | | | Securities | 1 | Indirect | | |
| (Instr. 3) | | | any (Month/Day/Year | | CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | | Beneficially Owned | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | Ì | (1101101) 2 uj (1 u | (1115111-0) | | | | Following | | | | |
| | | | | | | (A) | | Reported | | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| TT 1.1 .1 | | | | Code V | Amount | (D) | Price | (Insu: 5 and 1) | | | | |
| Healthsouth | 05/05/2016 | | | ٨ | 3,559 | • | ¢ 0 | 17 217 | D | | | |
| Common Stock | 05/05/2016 | | | А | (1) | А | \$0 | 17,317 | D | | | |
| STOCK | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 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. Tit Deriv Secur (Instr | ative ity | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transac Code (Instr. 8 | 5. 5. 5. 5. 6. 6. 7. < | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|------------------------------------|--------------|---|---|------------------------------------|--|---------------------|--------------------|---|--|---|---|
| | | | | Code | 4, and 5) V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| KATZ LESLYE G | | | | | | | | | |
| 18 OGDEN ROAD | Х | | | | | | | | |
| SCARSDALE, NY 10583 | | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Patrick Darby, attorney-in-fact for Leslye G. | | | | | | | | | |
| Katz | 05/09/2016 | | | | | | | | |
| <u>**</u> Signature of Reporting F | 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) Award of restricted stock units pursuant to the Company's Amended and Restated 2008 Equity Incentive Plan.

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.