

HIRSCHHORN MARK  
Form 4  
September 20, 2018

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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. Name and Address of Reporting Person \*  
**HIRSCHHORN MARK**

2. Issuer Name and Ticker or Trading Symbol  
Teladoc Health, Inc. [TDOC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
C/O TELADOC HEALTH, INC., 2  
MANHATTANVILLE ROAD,  
SUITE 203

3. Date of Earliest Transaction  
(Month/Day/Year)  
09/19/2018

\_\_\_\_ Director  
 Officer (give title below)  
\_\_\_\_ 10% Owner  
\_\_\_\_ Other (specify below)  
Executive VP, COO and CFO

(Street)  
PURCHASE, NY 10577

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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 Ownership (Instr. 4)		
				Code	V	Amount				(A) or (D)	Price
Common Stock	09/19/2018		M			2,003	A	\$ 1.67	4,794	D	
Common Stock	09/19/2018		M			2,050	A	\$ 6.01	6,844	D	
Common Stock	09/19/2018		M			4,568	A	\$ 6.01	11,412	D	
Common Stock	09/19/2018		M			9,243	A	\$ 12.21	20,655	D	
Common Stock	09/19/2018		M			10,000	A	\$ 18.98	30,655	D	



Employee Stock Option (right to buy)	\$ 22.3	09/19/2018	M	4,345	(6)	03/03/2027	Common Stock	4,345
--	---------	------------	---	-------	-----	------------	-----------------	-------

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HIRSCHHORN MARK C/O TELADOC HEALTH, INC., 2 MANHATTANVILLE ROAD, SUITE 203 PURCHASE, NY 10577			Executive VP, COO and CFO	

## Signatures

/s/ Adam C. Vandervoort,  
attorney-in-fact

09/20/2018

\*\*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) The option vests as to 25% of the shares on December 11, 2014. The remainder of the shares vest in 36 equal monthly installments thereafter.
- (2) The option vests as to 25% of the shares on September 10, 2015. The remainder of the shares vest in 36 equal monthly installments thereafter.
- (3) The option vests as to 25% of the shares on December 22, 2015. The remainder of the shares vest in 36 equal monthly installments thereafter.
- (4) The option vests as to 25% of the shares on March 7, 2017. The remainder of the shares vest in 36 equal monthly installments thereafter.
- (5) The option vests as to 25% of the shares on September 16, 2017. The remainder of the shares vest in 36 equal monthly installments thereafter.
- (6) The option vests as to 25% of the shares on March 3, 2018. 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.