## Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP											
Form 4	)1 <i>7</i>											
February 21, 20										OMB AF	PROVAL	
FORM	4 UNITE	D ST.	ATES		TIES AN ngton, D			GE C	OMMISSION	OMB Number:	3235-0287	
Check this b	OOX				ingtoin, D		-			Expires:	January 31,	
if no longer subject to Section 16. Form 4 or				S	ECURIT	TIES			Estimated a burden hour response			
Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 1	7(a) c	of the l	•	ty Holdin	g Comp	any A	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type Res	ponses)											
1. Name and Address of Reporting Person <u>*</u> Levy Cheryl B.			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Midd	le)					(Checl	k all applicable	)		
3137 BROOK HIGHLAND DRIVE			IVE	(Month/Day/Year) 02/17/2017					Director 10% Owner X Officer (give title Other (specify below) Dther (specify Dther (specify Dthe			
	Filed(Month				endment, Date Original nth/Day/Year)							
BIRMINGHA	M, AL 3524	-2							Person		porting	
(City)	(State)	(Zip	)	Table I	- Non-Deri	ivative Se	curitie	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
(Instr. 3) any		Execu any	tion Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)(A)			)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Healthsouth Common Stock	02/17/2017	7			А	4,331 (1)	А	\$ 0	88,049	D		
Healthsouth Common Stock	02/17/2017	7			А	4,197 (2)	A	\$ 0	92,246	D		
Healthsouth Common Stock	02/21/2017	7			F	1,266 (3)	D	\$ 42	90,980	D		

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

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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)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	Title and mount of aderlying courities astr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / AddressDirector10% OwnerOfficerOtherLevy Cheryl B.<br/>3137 BROOK HIGHLAND DRIVE<br/>BIRMINGHAM, AL 35242--Chief Human Resources OfficerSignatures

/s/ Cheryl B. 02/21/2017 Levy <u>\*\*Signature of</u> 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 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.

Reporting Person