SELECT MEDICAL HOLDINGS CORP

Form 4/A March 12, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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January 31, Expires:

OMB APPROVAL

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may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading NORTH TIDE CAPITAL, LLC Issuer Symbol SELECT MEDICAL HOLDINGS (Check all applicable) CORP [SEM] (Last) (First) (Middle) 3. Date of Earliest Transaction Director X__ 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 500 BOYLSTON STREET, SUITE 03/09/2015 1860 4. If Amendment, Date Original (Street) 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person 03/11/2015 Form filed by More than One Reporting **BOSTON, MA 02116**

| (City) | (State) | (Zip) Tal | ble I - Non | -Derivative | Securi | ities Acqui | red, Disposed of, | or Beneficial | lly Owned |
|--------------------------------------|---|---|---------------------------------------|---|---------|--------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transacti Code (Instr. 8) | 4. Securities on Dispose (Instr. 3, 4) Amount | d of (Ľ |)) | 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 Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 03/09/2015 | | S | 58,630 (1) | D | \$ 13.375 | 13,891,370 | I | See Footnotes (2) (4) |
| Common Stock | 03/09/2015 | | S | 277,670 (1) | D | \$ 13.375 | 13,613,700 | I | See Footnotes (2) (3) |

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|----------|--------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | orNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | 3 | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | | | | |
| | | | | | | Date | Expiration | | or Number | | |
| | | | | | | Exercisable | Date | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |
| | | | | Code v | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|-----------------------------------|---------------|-----------|---------|-------|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | |
| NORTH TIDE CAPITAL, LLC | | | | | | |
| 500 BOYLSTON STREET SUITE 1860 | | X | | | | |

Signatures

BOSTON, MA 02116

| /s/ NORTH TIDE CAPITAL, LLC, by Conan Laughlin, Manager | | | | |
|---|------------|--|--|--|
| **Signature of Reporting Person | Date | | | |
| /s/ NORTH TIDE CAPITAL MASTER, LP, by North Tide Capital GP, LLC, Conan Laughlin, Manager | | | | |
| **Signature of Reporting Person | Date | | | |
| /s/ CONAN LAUGHLIN | 03/12/2015 | | | |
| **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).
- This amendment to the Form 4 previously filed on March 11, 2015 is being filed to correct the date of the earliest transaction required to be reported from "March 11, 2015" to "March 9, 2015" and to correct the number of securities disposed of on such date at a price of \$13.375 per share.
- (2) Shares reported herein represent: as of the close of business on March 9, 2015, (i) 12,344,790 shares held by North Tide Capital Master, LP (the Master Fund") and (ii) 1,238,310 shares held by held by a managed account (the "Account"); and as of the close of business on March 10, 2015, (i) 12,225,000 shares held by the Master Fund and (ii) 1,225,000 shares held by the Account. North Tide Capital, LLC ("North Tide") serves as investment manager for the Master Fund and the Account. Mr. Laughlin serves as manager of North Tide.

Reporting Owners 2

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Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or his pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.

- (3) Transaction effected by the Master Fund.
- (4) Transaction effected by the Account.

a currently valid OMB number.

Remarks:

NOTE: This amendment to the Form 4 previously filed on March 11, 2015 is being filed to correct the date of the earliest transverse. This amendment to the 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