## Edgar Filing: HEALTHSOUTH CORP - Form 4

| HEALTHSOU'   | TH CORP                                    |   |  |  |  |  |   |   |   |  |
|--|--|---|--|--|--|--|---|---|---|--|
| Form 4   |  |   |  |  |  |  |   |   |   |  |
| January 20, 201  | 16   |   |  |  |  |  |   |   |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION  |  |   |  |  |  |  | OMB APPROVAL  |   |   |  |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549   |  |   |  |  |  | OMMISSION  | OMB<br>Number:  | 3235-0287   |   |  |
| if no longer<br>subject to<br>Section 16.<br>Form 4 or   |  |   |  | ES IN BENEFICIAL OWNERSHI<br>ECURITIES           |  |  |   | Expires:<br>Estimated a<br>burden hour<br>response                      |   |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |  |   |  |  |  |  |   |   |   |  |
| (Print or Type Res   | ponses)                                    |   |  |  |  |  |   |   |   |  |
| 1. Name and Add<br>CURL YVON   | ame and Ticker or Trading SOUTH CORP [HLS] |   |  |  | 5. Relationship of Reporting Person(s) to Issuer |  |   |   |   |  |
| (Last)   |  |   |  |  |  | (Check all applicable)   |   |   |   |  |
| 17 LEAMING   | (Month/Day                                 | <ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>01/15/2016</li></ul> |  |  |  | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below) |   |   |   |  |
| (Street) 4. If Amendr<br>Filed(Month/I   |  |   | nent, Date Original<br>Day/Year)       |  |  |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |   |   |  |
| HILTON HEA<br>ISLAND, SC 2   |  |   |  |  |  |  | Form filed by M<br>Person   | ore than One Rep  | porting   |  |
| (City)   | (State) (Zij                               | p) <b>Table I</b>   | - Non-Deri                             | vative Se  | curities   | s Acqu   | iired, Disposed of,   | , or Beneficiall  | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)    |   | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securi<br>mAcquirec<br>Disposec<br>(Instr. 3, | d (A) or<br>d of (D)                             | )  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)  | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Healthsouth<br>Common<br>Stock   | 01/15/2016                                 |   | Code V<br>A(1)                         | Amount<br>360                                    | (D)  | Price<br>\$ 0  | (Instr. 3 and 4)<br>54,190  | D   |   |  |

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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     |                    | Amou<br>Under<br>Securi | Title and<br>nount of<br>aderlying<br>curities<br>astr. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-------------------------|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                   | Amount<br>or<br>Number<br>of<br>Shares                           |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                           | Relationships |           |         |            |  |  |  |
|---|---------------|-----------|---------|------------|--|--|--|
| FB  | Director      | 10% Owner | Officer | Other      |  |  |  |
| CURL YVONNE M   |               |           |         |            |  |  |  |
| 17 LEAMINGTON LANE  | Х             |           |         |            |  |  |  |
| HILTON HEAD ISLAND, SC 29928                                    |               |           |         |            |  |  |  |
| Signatures  |               |           |         |            |  |  |  |
| /s/ John P. Whittington, attorney-in-fact for Yvonne<br>M. Curl |               |           |         | 01/20/2016 |  |  |  |
| <u>**</u> 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).

Pursuant to outstanding restricted stock unit award agreements, additional restricted stock units ("RSUs") are credited to each non-employee director's account on common stock dividend payment dates. The number of RSUs credited is equal to (a) the product of

(1) (i) the number of the RSUs in each director's account on the associated dividend record date and (ii) the per share dividend, divided by (b) the closing price on the dividend payment date. On January 15, 2016, HealthSouth paid a dividend on its common stock of \$0.23 per share. The transaction reported on this Form 4 is an award of RSUs associated with that dividend payment.

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.