Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOUT	ГН CORP									
Form 4										
October 19, 201										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL	
	UNITED ST		ington, D			GE C	OMMISSION	OMB Number:	3235-0287	
Check this b if no longer								Expires:	January 31, 2005	
subject to	STATEMEN	TEMENT OF CHANGES IN BENEFICIAL OWNERS						Estimated a	ated average	
Section 16. SECU Form 4 or				CURITIES					rs per	
Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligations	Section 17(a) c	of the Public Utili	·			0		ı		
may continue See Instruction		30(h) of the Inve	stment Co	ompany .	Act o	of 1940	0			
1(b).										
(Print or Type Resp	ponses)									
1. Name and Address of Reporting Person _ 2. Issu CORRELL DONALD L Symbol			issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
		•	HEALTHSOUTH CORP [HLS]							
(Last)	(First) (Midd	le) 3. Date of Ea	arliest Trans	action	_		(Checl	k all applicable)	
		(Month/Day					X Director		Owner	
16974 CORTII	10/17/201	10/17/2016				Officer (give titleOther (specify below) below)				
			-				6. Individual or Joint/Group Filing(Check			
	Filed(Month/	h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
NAPLES, FL 3	34110						Form filed by M Person			
(City)	(State) (Zip) Table I	- Non-Deri	vative Sec	curitie	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3. 4. Securities				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if	Transactic Code	TransactionAcquired (A) or			Securities	Ownership Form: Direct	Indirect Beneficial	
(IIIsu. 5)		any (Month/Day/Year)	1				Beneficially Owned		Ownership	
							Following	Indirect (I)	(Instr. 4)	
					(A)		Reported Transaction(s)	(Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Healthsouth				mount	(D)	Thee				
Common Stock	10/17/2016		А	346 <u>(1)</u>	А	\$0	61,023	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)

1. Title (Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	Date Amount of		int of rlying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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				
CORRELL DONALD L 16974 CORTILE DRIVE NAPLES, FL 34110	Х							
Signatures								
/s/ Patrick Darby, attorney-in-fa	10/19/2016							
<u>**</u> Signature of Reporting	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 October 17, 2016, HealthSouth paid a dividend on its common stock of \$0.24 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.