Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP											
Form 4												
November 14,	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. SECURITIES					OWN	ERSHIP OF	Expires: Estimated a	0				
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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							935 or Section	burden hours per response n				
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person <u>*</u> Tarr Mark J								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTAIN	BROOK, AL 3	35213					-	Form filed by Mo Person				
(City)	(State)	(Zip)	Table I	- Non-Der	vivative Se	ecuriti	es Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execut any	eemed tion Date, if h/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	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)		
Healthsouth Common Stock	11/09/2016			P <u>(1)</u>	6,371	A	\$ 39.29	238,890	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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
				Disposed of (D) (Instr. 3,						Trans (Instr
			Code V	4, and 5) (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					
Tarr Mark J 4158 APPOMATTOX LANE MOUNTAIN BROOK, AL 35213			EVP and COO						
Signatures									
/s/ Patrick Darby, attorney-in-fact for Mark									
J. Tarr		1	1/11/2016						
<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).

(1) Because Mr. Tarr exercised expiring options by means of a broker assisted cashless exercise in August 2016, he has paid to the company in connection with this purchase the difference between the sale price of shares in the August exercise and the purchase price here.

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.