## Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP								
Form 4	017								
February 15, 20	Л							OMB AF	PROVAL
Check this b if no longer	DOX	Wash	S SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549					OMB Number: Expires:	3235-0287 January 31, 2005
In the longer       Statement of Changes in Beneficial Ownership of Section 16.       Statement of Changes in Beneficial Ownership of Section 16.         Form 4 or       Form 5       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 17(a) of the Investment Company Act of 1940       Filed pursuant to Section 16(a) of the Securities Exchange Act of 1940									
<i>See</i> Instructi 1(b).									
(Print or Type Res	ponses)								
1. Name and Add Fay Edmund	ress of Reporting Per	rson <u>*</u> 2. Issuer N Symbol	Name <b>and</b> T	Ticker or Ti	rading		5. Relationship of l ssuer	Reporting Pers	son(s) to
		HEALTH	ISOUTH	CORP [I	HLS]		(Check	all applicable	)
(Last) 527 VALLEY	(First) (Mid ROAD	dle) 3. Date of E (Month/Day 02/14/201	y/Year)	nsaction			Director _X Officer (give below)	10%	Owner er (specify
	(Street)	4. If Amend Filed(Month		e Original		A	b. Individual or Joi Applicable Line)		
BIRMINGHA	M, AL 35206					-	X_Form filed by O Form filed by Mo Person		
(City)	(State) (Zi	p) Table	I - Non-De	rivative Se	ecuriti	es Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi or(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	02/14/2017		F	491 <u>(1)</u>		\$ 41.48	72,865	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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: HEALTHSOUTH CORP - Form 4

## **Reporting Owners**

Reporting Owner Name / Addres	s	Relationships						
	Director	10% Owner	Officer	Other				
Fay Edmund 527 VALLEY ROAD BIRMINGHAM, AL 35206			Sr. Vice Pres. and Treasurer					
Signatures								
/s/ Edmund Fay	)2/15/2017							

/s/ Edmund Fay	02/15/2017
----------------	------------

\*\*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).
- These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the (1) 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.