#### Edgar Filing: Jacobsmeyer Barbara Ann - Form 4

Jacobsmeyer B	arbara Ann											
Form 4	010											
February 26, 24	Л								OMB AP	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE Washington, D.C. 20549						GE CO	OMMISSION	OMB Number:	3235-0287			
Check this l if no longer subject to Section 16. Form 4 or Form 5	STATE		S	ECURI	FIES			ERSHIP OF	Expires: January 3 20 Estimated average burden hours per response 0			
obligations may continu <i>See</i> Instruct 1(b).	Bection 17	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										
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person <u>*</u> Jacobsmeyer Barbara Ann			2. Issuer Name <b>and</b> Ticker or Trading Symbol Encompass Health Corp [EHC]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check	eck all applicable)			
(Month/ 2122 ACTON PARK WAY 02/23/2				Day/Year) 018				Director 10% Owner X Officer (give title Other (specify below) below) President, Inpatient Hospitals				
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Sec	urities		ired, Disposed of,	or Beneficiall	v Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transactior(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			quired of	<ul> <li>5. Amount of Securities</li> <li>Beneficially</li> <li>Owned</li> <li>Following</li> <li>Reported</li> <li>Transaction(s)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect			
Healthsouth Common Stock	02/23/2018			Code V A	Amount 11,907 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 30,918	D			
Healthsouth Common Stock	02/23/2018			А	3,149 (2)	A	\$0	34,067	D			

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

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Jacobsmeyer Barbara Ann 2122 ACTON PARK WAY BIRMINGHAM, AL 35243			President, Inpatient Hospitals					
Signaturos								

## Signatures

/s/ Barbara Ann Jacobsmeyer 02/26/2018

\*\*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) This issuance of restricted stock is the result of the satisfaction of certain performance criteria set out in the terms of a performance share unit award made on February 18, 2016.
- (2) Award of restricted stock pursuant to the Corporation's 2016 Omnibus Performance Incentive Plan.

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.