Jacobsmeyer Barbara Ann Form 4 February 21, 2019

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

Number: January 31,

OMB APPROVAL

Expires: 2005

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response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Jacobsmeyer Barbara Ann Issuer Symbol Encompass Health Corp [EHC] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify X_ Officer (give title 2122 ACTON PARK WAY 02/21/2019 below) President, Inpatient Hospitals (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

		Filed	(Month/Day/Year)		Applicable Line) _X_ Form filed by	One Rep	orting Person
BIRMINGE	HAM, AL 352	243			Form filed by Person	More than	n One Reporting
(City)	(State)	(Zip)	Гable I - Non-D	erivative Securities Acqu	ired, Disposed o	of, or Be	neficially Owned
1.Title of	2. Transacti	on Date 2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature

		Table	- Non-Dei	iivative 50	curre	s Acqu	iii cu, Disposcu oi	, or beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, any (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Encompass Health Common Stock	02/21/2019		A	3,411 (1)	A	\$ 0	28,846	D	
Encompass Health Common Stock	02/21/2019		A	12,775 (2)	A	\$ 0	41,621	D	

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title o	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

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

Signatures

/s/ Barbara Ann Jacobsmeyer 02/21/2019

**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) Annual award of restricted stock pursuant to the Corporation's 2016 Omnibus Performance Incentive Plan.
- (2) 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 17, 2017.

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.

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