HEALTHWAYS, INC Form 3 November 10, 2008 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person <u>*</u> Brueckner Stefen F.			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HEALTHWAYS, INC [HWAY]					
(Last)	(First)	(Middle)	10/31/2008	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
701 COOL	SPRINGS 1	BLVD							
(Street)				(Check all applicable)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
FRANKLIN, TN 37067			Director 10% Owner X_Officer Other (give title below) (specify below) President & COO						
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securit	ies Be	eneficially (Owned	
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)			ture of Indirec ership : 5)	t Beneficial			
Reminder: Rep owned directly		ate line for ea	ach class of securities benefic	ially SI	EC 1473 (7-02	2)			
	inforn requir	nation conta red to respo	pond to the collection of ained in this form are not ond unless the form disp MB control number.	t					
ſ	fable II - Dei	rivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, op	tions, c	convertible se	curities)	
1. Title of Deri Security (Instr. 4)	vative	2. Date Exe Expiration (Month/Day/Yea	Date Secur	le and Amount rities Underlyin vative Security . 4)	g Conv	ersion ercise of	5. Ownership Form of Derivative	6. Nature of Indirec Beneficial Ownership (Instr. 5)	

Date Exercisable Expiration Date

Amount or Number of Shares

Title

Derivative

(I)

Security

Derivative (Instr. 5) Security: Direct (D) or Indirect (Instr. 5)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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Option to Buy	10/31/2009(1)	10/31/2015	Common Stock	225,000	\$ 10.1	D	Â
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Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Brueckner Stefen F. 701 COOL SPRINGS BLVD FRANKLIN, TN 37067	Â	Â	President & C	00 Â			
Signatures							
/s/ Mary A Chaput, by power of attorney for Stefen F. 11/10/2008 Brueckner							
<u>**</u> Signature of Re	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) Option vests 25% per year beginning on 10/31/2009.

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.