Edgar Filing: HEALTHSOUTH CORP - Form 4

| HEALTHSOU | TH CORP | | | | | | | | | | |
|--|--|----------|---|-----------------------------------|--------------|---------------|--|---|---|---|---------------------|
| Form 4 | | | | | | | | | | | |
| February 21, 2 | 017 | | | | | | | | | | |
| FORM | 4 UNITE | л ст/ | TFC | SECUDIT | TES AN | р бусн | | | MMISSION | | PROVAL |
| Washington, D.C. 20549 | | | | | | | JULUIISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer | | | | | | | Expires: | January 31, 2005 | | | |
| subject to STATEMENT OF CHANG | | | | | ES IN BI | | IAL | UWN | EKSHIP OF | Estimated average burden hours per response | |
| Form 5 obligations may continu <i>See</i> Instruct 1(b). | Bection 1 | 7(a) o | f the I | | ty Holdir | ng Compa | any A | ct of 1 | Act of 1934, 1935 or Section | l | |
| (Print or Type Res | sponses) | | | | | | | | | | |
| 1. Name and Add Tarr Mark J | ress of Reporti | ng Perso | on <u>*</u> | 2. Issuer Na Symbol HEALTHS | | | - | | 5. Relationship of I Issuer | | |
| (Last) | (First) | (Middl | le) | 3. Date of Ea | arliest Tran | saction | - | | (Check | all applicable |) |
| 4158 APPOM | . , | NE | | (Month/Day, 02/17/201 | Year) | | | _ | _X_ Director _X_ Officer (give pelow) Pres: | | Owner r (specify |
| | (Street) | | | 4. If Amendi | nent, Date | Original | | (| 6. Individual or Joi | nt/Group Filin | g(Check |
| | DROOV AL | 2501 | 2 | Filed(Month/ | Day/Year) | | | | Applicable Line) _X_ Form filed by O Form filed by M | | |
| MOUNTAIN | DROOK, AI | L 3321 | 5 | | | | | I | Person | | |
| (City) | (State) | (Zip) |) | Table I | - Non-Der | ivative Sec | uritie | s Acqui | ired, Disposed of, | or Beneficiall | y Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Healthsouth Common Stock | 02/17/2017 | , | | | A | 13,558 (1) | A | \$ 0 | 246,708 | D | |
| Healthsouth Common Stock | 02/17/2017 | 7 | | | А | 15,202 (2) | А | \$0 | 261,910 | D | |
| Healthsouth Common Stock | 02/21/2017 | , | | | F | 1,401 (3) | D | \$ 42 | 260,509 | D | |

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

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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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Tit | le and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|--------|------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transact | ionNumber | Expiration D | Date | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Under | rlying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Secur | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | 3 | | (Instr | . 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | 2 | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | , , | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable | Date | Title | Number | | |
| | | | | | | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|--|--|
| FB | Director | 10% Owner | Officer | Other | | | | |
| Tarr Mark J 4158 APPOMATTOX LANE MOUNTAIN BROOK, AL 35213 | Х | | President & CEO | | | | | |
| Signatures | | | | | | | | |

| /s/ Mark J. Tarr | 02/21/2017 | | |
|--|------------|--|--|
| <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) Award of restricted stock pursuant to the Corporation's 2016 Omnibus Performance Incentive Plan.
- (2) This grant 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 19, 2015.
- (3) These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the 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.