Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP										
Form 4											
May 05, 2015											
FORM	4								OMB AF	PROVAL	
Washington, D.C. 20549							DMMISSION	OMB Number:	3235-0287		
Check this if no longer										January 31, 2005	
subject to	SIAL	EMENT O		SES IN BENEFICIAL OWNE				ERSHIP OF	Estimated a		
Section 16. Form 4 or	SECURITIES						burden hours per				
Form 5	Filed	pursuant to	Section 16(a) of the	Securitie	es Exe	change	Act of 1934,	response	0.5	
obligations	Section	•					•	1935 or Section	l		
may contin See Instruct	ue.		of the Inve	•		•					
1(b).											
(Print or Type Rea	sponses)										
1. Name and Address of Reporting Person _2. Issuer 1Levy Cheryl B.Symbol				I I I I I I I I I I I I I I I I I I I				5. Relationship of Reporting Person(s) to Issuer			
			HEALTH	SOUTH	CORP []	HLS					
(Last)	(First)	(Middle)	3. Date of E	arliest Trar	isaction	-		(Check	all applicable	;)	
			(Month/Day				-	Director		Owner	
3137 BROOK HIGHLAND DRIVE 05/04/201							XOfficer (give titleOther (specify below) below)				
								· · · · · · · · · · · · · · · · · · ·	an Resources C	Officer	
(Street) 4. If Amend Filed(Month				lment, Date Original			6. Individual or Joint/Group Filing(Check				
								Applicable Line) _X_ Form filed by One Reporting Person			
BIRMINGHA	M, AL 3524	42					-	_X_ Form filed by O Form filed by Me Person			
(City)	(State)	(Zip)	Table	[- Non-De	rivative Se	curiti	ies Acani	ired, Disposed of,	or Beneficial	lv Owned	
1.Title of	2 Transaction	n Date 2A. D		3.			-	5. Amount of	6.	7. Nature of	
Security	(Month/Day/		tion Date, if	1				Securities	0. Ownership	Indirect	
(Instr. 3)		any Mart	Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)				5)	Beneficially		Beneficial	
		(Mont	n/Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
II. altha an th				Code V	Amount	(D)	Price	(insure and i)			
Healthsouth Common	05/04/2015	5		F	1,397	D	\$	83,841	D		
Stock	00104/2012	,		1	(1)	D	43.51	00,011			

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / A	Address	Relationships							
F8	Director	10% Owner	Officer	Other					
Levy Cheryl B. 3137 BROOK HIGHLAND DRIVE BIRMINGHAM, AL 35242			Chief Human Resources Officer						
Signatures									
/s/ Cheryl B. Levy	05/05/2015								

<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) 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.