Edgar Filing: Frist William H. - Form 4

Frist William Form 4										
November 02	Л								PPROVAL	
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287 January 31,	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STATI 5. 5. Filed p s Section 1	STATEMENT OF CHANGES IN 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								
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Frist William H.			2. Issuer Name and Ticker or Trading Symbol SELECT MEDICAL HOLDINGS CORP [SEM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) T MEDICAL CORPORAT IRG ROAD	(Middle) MON, 4714	3. Date of Earliest 7 (Month/Day/Year) 10/31/2018	Fransaction			X Director Officer (give below)		o Owner er (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	CSBURG, PA						Person	fore than One Re	porting	
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction E (Month/Day/Ye:	ar) Executio any	med 3. n Date, if Transact Code Day/Year) (Instr. 8)	4. Securi tior(A) or D (Instr. 3,) V Amount	ties A	cquired d of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	10/31/2018		А	1,086 (1)	А	\$ 16.58	211,460	D		

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)

Reporting Owners

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration	T . 1	or		
						Exercisable	•	of	Number		
					(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
reporting o whet runne / runness	Directo	10% Owner	Officer	Other			
Frist William H. C/O SELECT MEDICAL HOLDINGS CORPORAT 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055	TION X						
Signatures							
/s/ Michael E. Tarvin, as attorney-in-fact 11/02/2	2018						

Explanation of Responses:

**Signature of Reporting Person

- 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).

Date

This grant of restricted stock was issued to the reporting person pursuant to the Select Medical Holdings Corporation 2016 Equity (1) Incentive Plan in lieu of a quarterly cash retainer of \$18,000.

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.