## Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP										
Form 4											
February 15, 2	017										
FORM 4 LINUTED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED S	TATE			ND EXC D.C. 2054		GE CC	OMMISSION	OMB Number:	3235-0287	
Check this if no longer							Expires:	January 31,			
subject to	STATEM	ENT O				CIAL	OWN	ERSHIP OF	Estimated a	2005 Iverage	
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5	<b>T</b> '1, 1,		Castian 100	(-1)	G	. <b>F</b>	.1	A £ 1024	response	0.5	
obligations	-						-	Act of 1934, 935 or Section			
may continu	ue.		) of the Inve	•	• •	•			L		
See Instruct 1(b).	tion	50(H)	) of the mive		Joinpuny	1101	01 1940				
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u>								5. Relationship of Reporting Person(s) to Issuer			
Tarr Mark J	Symbol	Symbol					155001				
			HEALTH	SOUTH	CORP	HLS		(Check	all applicable	;)	
(Last)	(First) (M	iddle)	3. Date of E		nsaction						
				(				XDirector10% Owner XOfficer (give titleOther (specify			
4130 ATTOM			02/14/201	. /				elow)	below)		
									ident & CEO		
								6. Individual or Joint/Group Filing(Check			
Filed(Mo				· · · · · · · · · · · · · · · · · · ·				Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTAIN	BROOK, AL 35	5213					-	Form filed by Merson			
(City)	(State) (Z	Zip)	Table l	- Non-De	rivative Se	ecuriti	es Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		tion Date, if Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5) th/Day/Year) (Instr. 8)					Securities	Ownership	Indirect Beneficial	
(Instr. 3)		any (Mont					5)	Beneficially Owned		Ownership	
		,	, , , , , , , , , , , , , , , , , , ,	× ,				Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
						or	D :	(Instr. 3 and 4)	(111501. 4)		
Healthsouth				Code V	Amount	(D)	Price				
Common	02/14/2017			F	812 <u>(1)</u>	D	\$	233,150	D		
Stock				-		-	41.48		_		

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. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: HEALTHSOUTH CORP - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships							
	Director	10% Owner	Officer	Other					
Tarr Mark J									
4158 APPOMATTOX LANE MOUNTAIN BROOK, AL 3521	X 13		President & CEO						
Signatures									
/s/ Mark J. Tarr 02/2	15/2017								

\*\*Signature of

Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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.