#### **HEALTHSOUTH CORP**

Form 4

February 21, 2017

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

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of

Form 4 or Form 5 obligations may continue.

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

response...

Estimated average

burden hours per

See Instruction 1(b).

(Print or Type Responses)

Name and Address of Reporting Person     Jacobsmeyer Barbara Ann	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)	HEALTHSOUTH CORP [HLS]	(Check all applicable)				
	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% Owner				
2122 ACTON PARK WAY	02/17/2017	X Officer (give title Other (specify below)  EVP, Operations				
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check				
BIRMINGHAM, AL 35243	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				

				FCISOII							
(City)	(State)	(Zip	Table I	- Non-Der	ivative Securities Ac	quired, Disposed o	f, or Beneficial	ly Owned			
1.Title of	2. Transaction	n Date	2A. Deemed	3.	4. Securities	5. Amount of	6.	7. Nature o			
Security	(Month/Day/Y	Year)	Execution Date, if	Transactio	onAcquired (A) or	Securities	Ownership	Indirect			
(Instr. 3)			any	Code	Disposed of (D)	Beneficially	Form: Direct	Beneficial			
			(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	(D) or	Ownership			
						Following	Indirect (I)	(Instr. 4)			
					(4)	Reported	(Instr. 4)				
					(A)	m ·					

		(	Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	Indire (Instr
Healthsouth Common Stock	02/17/2017		A	3,390 (1)	A	\$0	20,235	D
Healthsouth Common Stock	02/17/2017		A	4,385 (2)	A	\$ 0	24,620	D
Healthsouth Common Stock	02/21/2017		F	1,521 (3)	D	\$ 42	23,099	D

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

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SEC 1474 (9-02)

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 Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr. :	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				G 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

**Relationships** Reporting Owner Name / Address

> Director 10% Owner Officer Other

Jacobsmeyer Barbara Ann 2122 ACTON PARK WAY BIRMINGHAM, AL 35243

EVP, Operations

# **Signatures**

/s/ Barbara Ann 02/21/2017 Jacobsmeyer

\*\*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.
- 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 **(2)** award made on February 19, 2015.
- These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the

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.

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