HEALTHSOUTH CORP

Form 4

February 21, 2017

FORM 4

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

OMB APPROVAL
OMB
3235-0287

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

0.5

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...

X Form filed by One Reporting Person ____ Form filed by More than One Reporting

Person

See Instruction 1(b).

(Print or Type Responses)

Charbonneau Elissa Joy			2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]	Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Cheek all applicable)			
24 HAWTHORNE CIRCLE (Street)			(Month/Day/Year) 02/17/2017	Director 10% Owner _X_ Officer (give title Other (specification)) Chief Medical Officer			
			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			

YARMOUTH, ME 04096

(City)	(State) (Zip	Table I	- Non-Deri	ivative Sec	curitie	es Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities actionAcquired (A) or Disposed of (D) 8) (Instr. 3, 4 and 5) (A) or))	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 Indirect Beneficial Ownership (Instr. 4)
Healthsouth Common Stock	02/17/2017		Code V A	Amount 3,214 (1)	(D)	Price \$ 0	8,308.726	D	
Healthsouth Common Stock	02/17/2017		A	1,321 (2)	A	\$ 0	9,629.726	D	
Healthsouth Common Stock	02/21/2017		F	619 (3)	D	\$ 42	9,010.726	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. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Charbonneau Elissa Joy 24 HAWTHORNE CIRCLE

Chief Medical Officer

YARMOUTH, ME 04096

Signatures

Elissa Charbonneau, Chief Medical Officer

02/21/2017

**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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