Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	JTH CORP										
Form 4											
February 02, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							AMISSION		PROVAL		
	UNITED	SIAIL			D.C. 2054				OMB Number:	3235-0287	
Check this				8 /					Expires:	January 31,	
if no longer subject to STATEMENT OF C						IAL (OWNE	RSHIP OF	Estimated av	2005 /erage	
Section 16	ction 16. SECURITIES								burden hour	s per	
Form 4 or Form 5	Filed put	Filed pursuant to Section 16(a) of the Securities Exchange Act of 19						at of 1024	response	0.5	
obligations	Section 17(35 or Section			
may contir See Instruc	lue.) of the Inv	•	e 1			55 of Section			
1(b).		()			1						
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Tr				Ficker or Tra	ding	5.1	5. Relationship of Reporting Person(s) to				
GRINNEY JAY			Symbol	8				Issuer			
			HEALTH	HEALTHSOUTH CORP [HLS]					(Check all applicable)		
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check an applicable)				
(Mo								K Director		Owner	
3179 OVERHILL ROAD			01/29/20					X_ Officer (give title Other (specify below) below)			
								Pres & Chie	f Executive Of	ficer	
(Street) 4. If An			4. If Amen	Amendment, Date Original 6.				6. Individual or Joint/Group Filing(Check			
			Filed(Month	n/Day/Year)				plicable Line)	a Danastina Das		
MOUNTAIN	BROOK, AL	25773						_ Form filed by Or _ Form filed by Mo			
	BROOK, AL .	5225					Per	son			
(City)	(State)	(Zip)	Table	I - Non-De	rivative Sec	urities	s Acquire	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Da			3.				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea		tion Date, if Transaction Disposed of (D				Securities Beneficially	Ownership Form:	Indirect Beneficial		
(Instr. 3) any (Mor			Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)					Owned	Direct (D)	Ownership	
			-					Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Healthsouth				code v	7 miount	(D)					
Common	01/29/2016			М	150,000	А	\$ 26.55	1,296,656	D		
Stock							20.33				
Healthsouth					120.005		¢				
Common	01/29/2016			F	129,905 (1)	D	\$ 35.52	1,166,751	D		
Stock					<u> </u>		55.52				

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

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A Disposed of (Instr. 3, 4, 4 5)	A) or f (D)	6. Date Exerci Expiration Dat (Month/Day/Y	ie	7. Title and Ame Underlying Secu (Instr. 3 and 4)
				Code V	(A) (D))	Date Exercisable	Expiration Date	Title
Non-qualified Stock Option (Right to Buy)	\$ 26.55	01/29/2016		М	150,0	000	02/23/2007	02/23/2016	Healthsouth Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GRINNEY JAY			Pres & Ch	ief				
3179 OVERHILL ROAD	Х		Executive					
MOUNTAIN BROOK, AL 35223			Officer					
0:								

Signatures

John P. Whittington, attorney-in-fact for Jay Grinney	02/02/201	
**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 option exercise price and tax withholding obligations incurred in connection with the exercise of the stock options being reported herein.

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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