Edgar Filing: HEALTHWAYS, INC - Form 4

HEALTHW	AYS, I	NC										
Form 4 November 0	5, 2007	7										
FORM 4 UNITE			NITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									PROVAL 3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT STATEMENT STATEMENT STATEMENT Statement Statement Statement Statement Statement STATEMENT Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement					ection 1 Public U	SECUR 6(a) of th	Expires: January 31 2003 Estimated average burden hours per response 0.3					
(Print or Type]	Respons	es)										
				Symbol	r Name and THWAYS				5. Relationship of Reporting Person(s) to Issuer			
					f Earliest Ti	_		- 1	(Check all applicable)			
3841 GREE DRIVE	EN HIL	LS VIL	LAGI	E	(Month/E 11/01/2	-				Director X Officer (give below) EVP, Inte		Owner er (specify ness
NASHVILI	,	reet) 37215				endment, Da nth/Day/Year	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson
(City)	(St	ate)	(Zip))	Tabl	le I - Non-I	Derivative	Securi	ties Acq	uired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)				3. Transactic Code	4. Securit on(A) or Dis (Instr. 3, 4	ies Ac sposed	quired of (D)	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
Common Stock	11/01	/2007				Code V M	Amount 17,348	(D) A	Price \$ 17.89	(insu: 3 and 4) 17,348	D	
Common Stock	11/01	/2007				S	17,348	D	\$ 59.73	0	D	
Common Stock	11/02	/2007				М	22,652	А	\$ 17.89	22,652	D	
Common Stock	11/02	/2007				S	22,652	D	\$ 58.24	0	D	
Common Stock										222	Ι	Held in 401(k) Plan

Edgar Filing: HEALTHWAYS, INC - Form 4

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of tiorDerivative Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option to Buy	\$ 17.89	11/01/2007		М	17	7,348	09/01/2004(1)	09/01/2013	Common Stock	17,348
Option to Buy	\$ 17.89	11/02/2007		М	22	2,652	09/01/2004(1)	09/01/2013	Common Stock	22,652

Reporting Owners

k 3 N S

> / ŀ

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KELLIHER MATTHEW 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215			EVP, International Business				
Signatures							
/s/ Mary A. Chaput, by power of attorney f Kelliher	for Matthe	ew	11/05/2007				
**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) Option vests 25% per year beginning on 9/1/2004.
- (2) Information in this column is left blank because the transaction represents the conversion of a security.

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.