Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	TH CORP									
Form 4										
January 03, 20	14									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						DMMISSION	OMB Number:	3235-0287	
Check this l if no longer			-					Expires:	January 31,	
subject to	STATEME			ES IN BENEFICIAL OWNERSI SECURITIES				Estimated a	2005 Iverage	
Section 16. Form 4 or		1	SECURI	TIES				burden hours per		
Form 5	Filed pursu	ant to Section 16	(a) of the	Securitie	es Exc	change	Act of 1934.	response	0.5	
obligations	Section $17(a)$	of the Public Uti				•		l		
may continu See Instruct		30(h) of the Inv	estment C	Company	Act	of 1940				
1(b).										
(Print or Type Res	sponses)									
1. Name and Add COLTHARP	lress of Reporting Per DOUGLAS E	rson <u>*</u> 2. Issuer I Symbol					5. Relationship of Reporting Person(s) to Issuer			
		· · · · · · · · · · · · · · · · · · ·	HEALTHSOUTH CORP [HLS]				(Check all applicable)			
(Last)	(First) (Mid	Idle) 3. Date of I	Earliest Trai	nsaction			(Check	an applicable)	
	y/Year)			-	Director 10% Owner X Officer (give title Other (specify below) EVP, Chief Financial Officer					
2736 ABINGI	01/02/20	01/02/2014								
	4. If Amen	4. If Amendment, Date Original			6	6. Individual or Joint/Group Filing(Check				
Filed(Mo			d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTAIN	BROOK, AL 352	243				-	_X_ Form filed by Of Form filed by Mo Person			
(City)	(State) (Zi	ip) Table	I - Non-De	rivative Se	curiti	es Acaui	ired, Disposed of,	or Beneficial	lv Owned	
1.Title of	2. Transaction Date		3.	4. Securi		-	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		Fransaction(A) or Disposed of (D)			Securities	0. Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(Wolldi Day Tear)	(Instr. 0)				Following	or Indirect	(Instr. 4)	
					(A)		Reported	(I) (Instr. 4)		
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Healthsouth	01/02/2014		Б	6,641	D	\$	52.060	D		
Common Stock	01/02/2014		F	(1)	D	33.28	53,960	D		

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. Transacti Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
COLTHARP DOUGLAS E 2736 ABINGDON ROAD MOUNTAIN BROOK, AL 35243			EVP, Chief Financial Officer				
Signatures							
/s/ John P. Whittington, attorney-in-fact for Mr. Coltharp			01/03/2014				
<u>**</u> Signature of Reporting Pers	son		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 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.