HEALTHWAYS, INC Form 4

October 31, 2013

### FORM 4

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

Check this box if no longer subject to Section 16.

Form 4 or

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

of

Ownership

(Instr. 4)

**OMB** 

Number:

Expires:

response...

Indirect (I)

(Instr. 4)

D

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

10/29/2013

(Print or Type Responses)

1. Name and Address of Reporting Person ** LUMSDAINE ALFRED			2. Issuer Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
<b>a</b> 3	<b>77</b> )	<i>-</i>			S, INC [HWAY]	(Chec	ck all applicable	e)	
(Last)	(First) (1	Middle)	3. Date of	Earliest Tr	ransaction				
701 COOL S			(Month/D 10/29/20	•		X_ Officer (give below)	e title Othobelow) Financial Offic	er (specify	
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
FRANKLIN	I, TN 37067		Filed(Mon	th/Day/Year	-	Applicable Line) _X_ Form filed by Form filed by ! Person	1 0		
(City)	(State)	(Zip)	Table	e I - Non-L	Derivative Securities Acq		f, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	e 2A. Deei	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature o	
Security	(Month/Day/Year)	Executio	n Date, if	Transacti	on(A) or Disposed of	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(D)	Beneficially	(D) or	Beneficial	

(Instr. 8)

P

Code V Amount

5,000

(Instr. 3, 4 and 5)

(A)

or

(D)

Price

10.8

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Owned Following

Reported

22,821

Transaction(s)

(Instr. 3 and 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: HEALTHWAYS, INC - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt 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		Secur	ities	(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 4		
									Amount		
						Date	Expiration	TP:41	or		
						Exercisable	Date	Title	Number		
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LUMSDAINE ALFRED			Chief				
701 COOL SPRINGS BOULEVARD			Financial				
FRANKLIN, TN 37067			Officer				

## **Signatures**

/s/ Alfred
Lumsdaine 10/31/2013

\*\*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).

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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