HEALTHSOUTH CORP

Form 4 May 11, 2015

FORM 4

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

OMB Number: 3235-0287

Estimated average

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

Form 4 or 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

burden hours per response... 0.5

1(b).

Common

Stock

05/07/2015

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> HERMAN JOAN E			Symbol	2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]				5. Relationship of Reporting Person(s) to Issuer (Chack all applicable)			
(Last)	(First)	(Midd	lle) 3 Date of Ea	3. Date of Earliest Transaction				(Check all applicable)			
			, 5.2 a.c or 2.	(Month/Day/Year)				X Director	10%	Owner	
17530 STRETTO WAY			` *	05/07/2015					title Other below)		
	(Street)	4. If Amenda	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Month/	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
PACIFIC PA	LISADES,	CA 902	272					Form filed by N Person	More than One Re	porting	
(City)	(State)	(Zip	Table I	- Non-Deri	ivative Sec	curitie	s Acqu	ired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transacti	on Date	2A. Deemed	3.	4. Securit	ties		5. Amount of	6.	7. Nature of	
Security	ecurity (Month/Day/Year) Exec		Execution Date, if	ution Date, if TransactionAcquired (A) or			r	Securities Ownership		Indirect	
(Instr. 3)			any	Code	Disposed		1	Beneficially	Form: Direct	Beneficial	
			(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						(A) or		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Healthsouth					2.050						

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.

SEC 1474

(9-02)

12,457

D

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

2,859

(1)

A

\$0

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	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		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(2.11541
					4, and 5)						
					i, and 3)						
									Amount		
						Data	Evaluation		or		
							Expiration Date		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HERMAN JOAN E							
17530 STRETTO WAY	X						
PACIFIC PALISADES, CA 90272							

Signatures

/s/ John P. Whittington, attorney-in-fact for Joan E.
Herman 05/11/2015

**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 units pursuant to the Company's Amended and Restated 2008 Equity Incentive Plan.

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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