GORDON JOEL C Form 4 May 11, 2005

FORM 4

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

OMB asset

Check this box if no longer which to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Number: 3235-0287 Expires: January 31,

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Estimated average burden hours per response... 0.5

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * GORDON JOEL C		2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLSH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (Fi	rst) (Middle) LEY COURT	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2005					(Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)			
(St	4. If Amendment, Date Original Filed(Month/Day/Year)				Appli _X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NASHVILLE, TN	37205					F Perso	form filed by More in	than One Repor	ting	
(City) (St	ate) (Zip)	Table I - Non	-Derivati	ve Securit	ies Ac	quired,	Disposed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (Instr. 8)	·	d (A) od of (E), 4 and (A) or))	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 Beneficia Ownershi (Instr. 4)	
HEALTHSOUTH Common Stock	05/10/2005		D	7,962	D	\$0	1,348,023	D		
HEALTHSOUTH Common Stock							127,396	I	by Spouse	

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)

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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. orNumber of Derivative 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 of Securities (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 4.63					01/02/2003	01/02/2013	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 5.25					01/03/2000	01/03/2010	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 6.505					01/17/1996	12/06/2003	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 7.84					01/17/1996	10/27/2004	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 12.25					01/17/1996	10/09/2005	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 14.9					01/02/2002	01/02/2012	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 15.4375					01/02/2001	01/02/2011	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 15.9375					01/04/1999	01/04/2009	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 18.4375					01/02/1997	01/02/2007	HEALTHSOUTH Common Stock
Non-Qualified Stock Option (right to buy)	\$ 26.9375					01/02/1998	01/02/2008	HEALTHSOUTH Common Stock

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GORDON JOEL C 6408 EAST VALLEY COURT X NASHVILLE, TN 37205

Signatures

Gordon Joel C. 05/11/2005

**Signature of Date
Reporting Person

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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