## Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	ГН CORP										
Form 4											
October 17, 201	14										
FORM 4	<b>4</b> INTER CT									PROVAL	
Check this b	ATES SI	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
if no longer subject to Section 16.	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31 200 Estimated average burden hours per		
Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 17(a)	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									
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u>*</u> ELSON CHARLES M			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
(Lest)	(Eirst) (Mid	HEALTHS				[LS]		(Check all applicable)			
(Month/           1002 WESTOVER ROAD         10/15/2           (Street)         4. If Am			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>10/15/2014</li></ul>					XDirector10% Owner Officer (give titleOther (specify below)			
			ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WILMINGTO	N, DE 19807							Form filed by M Person	ore than One Re	porting	
(City)	(State) (Zi	p)	Table I	- Non-Deri	vative Sec	curitie	es Acqu	iired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	Code Disposed of (D)		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Healthsouth Common Stock	10/15/2014			Code V A <u>(1)</u>	Amount 268	(D) A	Price \$ 0	(Instr. 3 and 4) 55,401	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. Transac Code (Instr. 8	Securities Acquired (A) or Disposed of (D)	Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		
				Code	V (A) (D)		Duto		of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address				
Reporting Owner Fund, Fruitess	Director	10% Owner	Officer	Other
ELSON CHARLES M 1002 WESTOVER ROAD WILMINGTON, DE 19807	Х			
Signatures				
John P. Whittington, attorney-in Elson	10/17/2014			
*****	D			<b>D</b> .

\*\*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).

Pursuant to outstanding restricted stock unit award agreements, additional restricted stock units ("RSUs") are credited to each non-employee director's account on common stock dividend payment dates. The number of RSUs credited is equal to (a) the product of

(1) (i) the number of the RSUs in each director's account on the associated dividend record date and (ii) the per share dividend, divided by (b) the closing price on the dividend payment date. On October 15, 2014 HealthSouth paid a dividend on its common stock of \$0.21 per share. The transaction reported on this Form 4 is an award of RSUs associated with that dividend payment.

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.