Workman John L Form 4 November 19, 2009

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

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES**

Section 16. Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

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

(Print or Type Responses)

(Last)

(City)

1. Name and Address of Reporting Person * Workman John L

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

HEALTHSOUTH CORP [HLS]

3. Date of Earliest Transaction (Month/Day/Year)

7054 NORTH HIGHFIELD DRIVE 11/17/2009

(Middle)

(Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

Person

BIRMINGHAM, AL 35242

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Director

Applicable Line)

Officer (give title

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Ownership (Instr. 3) Code (D) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (D) or Indirect (I) Following Reported (Instr. 4)

(A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

Healthsouth

 $D^{(1)}$ Common D 11/17/2009 16,386 D \$0 72,716

Stock

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

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.

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

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(Check all applicable)

below) Former Chief Financial Officer

10% Owner _X_ Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

burden hours per

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1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. 6. Da		6. Date Exerc	rcisable and 7. Ti		le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	Date Am		ınt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative Securities		e		Secur	ities	(Instr. 5)	1
	Derivative							(Instr. 3 and 4)			- 1
	Security				Acquired						1
					(A) or						
					Disposed						
				of (D) (Instr. 3,							
					4, and 5)						
									Amount		
				Date	Date	te Expiration	Title N	or			
						Exercisable Date		Number			
							2		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Workman John L 7054 NORTH HIGHFIELD DRIVE BIRMINGHAM, AL 35242

Former Chief Financial Officer

9. Nu Deriv Secu

Owner Follo Repo Trans (Instr

Signatures

/s/ John P. Whittington, attorney-in-fact for John L. Workman

11/18/2009

**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) This disposition represents a forfeiture of unvested restricted stock awards, pursuant to the terms of the applicable awards, upon Mr. Workman's resignation.

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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