Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOUT	ГН CORP										
Form 4											
March 01, 2010)										
FORM 4	4 UNITED S'	татр	CECUDI			T A NTZ		OMMERION		PROVAL	
Check this b	Washington, D.C. 20549								OMB Number:	3235-0287	
if no longer subject to Section 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires: January 3 200 Estimated average burden hours per			
Form 4 or Form 5 obligations may continu- <i>See</i> Instruction 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							response 0.5		
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u></u> HIGDON LEO I JR			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			HEALTHS	ISOUTH CORP [HLS]				(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010				X Director 10% Owner Officer (give title Other (specify below) below)				
	(Street) 4. If Amend Filed(Month/			-				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW LONDON, CT 06320											
(City)	(State) (Z	Zip)	Table I	- Non-Deri	vative Se	curitie	s Acqu	ired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year) Exect any	Deemed htion Date, if th/Day/Year)	3. Transactic Code (Instr. 8)	ransactionAcquired (A) or Code Disposed of (D))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Haalthcouth				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Healthsouth Common Stock	02/26/2010			А	5,203 (1)	А	\$0	30,934	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)

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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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh		
1	Director	10% Owner	Officer	Other
HIGDON LEO I JR 722 WILLIAMS STREET NEW LONDON, CT 06320	Х			
Signatures				
/s/ John P. Whittington, attorne Higdon, Jr.	03/01/2010			

**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 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.