Edgar Filing: Whittington John P - Form 4

Whittington Jo Form 4												
January 04, 20	13											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549						DMMISSION	OMB Number:	3235-0287			
Check this l if no longer									Expires:	January 31, 2005		
subject to STATEMENT OF CHANC Section 16.				CHANGES IN BENEFICIAL OWNE					Estimated average			
				SECURITIES					burden hours per			
Form 4 or Form 5	Eilada	en e	Santian 160	tion 16(a) of the Securities Exchange Act of 1934,						0.5		
obligations		•					•	935 or Section				
may continu	ie.) of the Inve	•					L			
See Instruct 1(b).	1011	(,	,									
(Print or Type Res	sponses)											
1 Name and Add	ress of Report	ing Person *	2 Jacuar N	I ama and T	Lielson on T	no dim a	5	. Relationship of I	Reporting Pers	son(s) to		
Whitting store John D			Symbol	8				Issuer				
C			HEALTH	SOUTH	CORP []	HLS						
(Last)	(First)	(Middle)			-			(Check	all applicable	;)		
()	()	()		Date of Earliest Transaction Ionth/Day/Year)				Director 10% Owner				
2716 WATKINS GLEN DRIVE 01/02/201			-				XOfficer (give titleOther (specify below)					
							U	· · · · · · · · · · · · · · · · · · ·	Counsel & Sec	cretary		
(Street)			4. If Amend	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				onth/Day/Year)				Applicable Line)				
							-	X_Form filed by O Form filed by M				
BIRMINGHA	.M, AL 352	16					P	Person		porting		
(City)	(State)	(Zip)	Table l	I - Non-De	rivative Se	ecuriti	es Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction	n Date 2A. D	A. Deemed 3. 4. Securities Acquired				cquired	ed 5. Amount of 6. 7. Nature of				
Security	(Month/Day/		tion Date, if Transactior(A) or Disposed of (D					Securities	Ownership	Indirect		
(Instr. 3)		any (Mon	th/Day/Year)	Code (Instr. 8)	Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned		Beneficial Ownership		
		(intoil	un Duj, i cui)	(11541:0)				Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
						or		(Instr. 3 and 4)	(IIIstr. 4)			
Healthsouth				Code V	Amount	(D)	Price	,				
Common	01/02/2013	3		F	6,624	D	\$	144,008	D			
Stock	01102/2012			•	(1)	2	22.15	11,000	2			

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

Edgar Filing: Whittington John P - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Whittington John P 2716 WATKINS GLEN DRIVE BIRMINGHAM, AL 35216			EVP, Gen. Counsel & Secretary					

Signatures

/s/ John P. Whittington 01/03/2013

<u>**</u>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) These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the related restricted stock.

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.