Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	JTH CORP											
Form 4												
April 07, 2014	Ļ											
FORM	4								OMB AF	PROVAL		
	UNITE) STATES			ND EXC D.C. 205		IGE CO	MMISSION	OMB Number:	3235-0287		
Check this if no longer	r								Expires:	January 31, 2005		
subject to	STATE				ES IN BENEFICIAL OWNE SECURITIES				HIP OF Estimated av			
Section 16.		S							burden hours per			
Form 4 or Form 5	Filed p	urguant to	Section 16	(a) of the	Securiti	ac Ev	change	Act of 1934,	response	0.5		
obligations	Section 1						•	935 or Section				
may contin <i>See</i> Instruc 1(b).	ue.		of the Inv	•	•							
(Print or Type Re	sponses)											
MAUPIN JOHN E JR D D S Symbol								5. Relationship of Reporting Person(s) to Issuer				
						IILO.	1	(Check all applicable)				
(Last) (First) (Middle) 3. Date of E (Month/Day					insaction			X Director 10% Owner				
750 PARK A S	VENUE NE,	UNIT 16	04/07/201				_	Officer (give ti elow)		r (specify		
(Street) 4. If Amend Filed(Month				-				6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
ATLANTA, O	GA 30326						_	X_ Form filed by On Form filed by Mo erson				
(City)	(State)	(Zip)	Tabla	I - Non-De	rivativa S	ocurit		red, Disposed of,	or Bonoficial	v Ownod		
1 7:41 6) T			3.			_	. – .		-		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execut any	emed tion Date, if h/Day/Year)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or		d of (D)	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 Beneficial Ownership (Instr. 4)			
Healthsouth												
Common Stock	04/07/2014			A <u>(1)</u>	180	А	\$ 35.002	52,273	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e			le and int of rlying ities . 3 and 4)	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			
	Director	10% Owner	Officer	Other	
MAUPIN JOHN E JR D D S 750 PARK AVENUE NE UNIT 16 S ATLANTA, GA 30326	Х				
Signatures					
/s/ John P. Whittington, attorne D.D.S.	04/07/2014				

**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).

This transaction is a purchase of shares of common stock of HealthSouth Corporation (the "Company") pursuant to an election by the reporting person to participate in the Directors Deferred Stock Investment Plan of the Company (the "Plan"). The Plan is a non-qualified deferral plan adopted and approved by the Board of Directors, effective November 1, 2007, allowing non-employee directors to make

(1) elections during 2013 to defer fixed percentages of their directors fees for 2014. The amount each participant defers under the Plan is deducted, on a quarterly basis, from the directors fees the participant would otherwise have received in cash. The transaction reported on this Form 4 is the acquisition of common stock of the Company in the market for the account of the reporting person, for an aggregate purchase price equal to the amount of fees deferred by the reporting person for the current quarter of 2014 under the 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.