#### Edgar Filing: HEALTHWAYS, INC - Form 4

HEALTHWA	YS, INC										
Form 4											
June 30, 2014											
FORM	4 UNITE		ECURITIES AND EXCHANGE COMMI Washington D.C. 20540						9PROVAL 3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	er <b>STAT</b> 5. Filed p s Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires:January 31 2005Estimated average burden hours per response0.5	
(Print or Type Ro	esponses)										
1. Name and Address of Reporting Person <u>*</u> Wills Kevin		2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHWAYS, INC [HWAY]				-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)		Earliest Tra	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ]	(Cheo	ck all applicable	e)	
701 COOL S BOULEVAR	PRINGS	(initiale)	(Month/Da 06/26/20	ay/Year)	uisaction			X Director Officer (give below)		b Owner er (specify	
				nendment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
FRANKLIN,	, TN 37067							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution (Month/Day/Year) any							Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount 2,992	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Stock	06/26/2014			A	$\frac{(1)}{(1)}$	А	\$0	6,579	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)

a currently valid OMB number.

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

Director

X

### **Explanation of Responses:** If the form is filed by more than one reporting person, see Instruction 4(b)(v).

/s/ Alfred Lumsdaine, by power of attorney for Kevin

- \*\*
- (2) Options vest 25% per year beginning on 6/26/2015.

Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). Reflects the annual grant of restricted stock units. Restricted stock units vest 25% per year beginning on 6/26/2015. (1)

### Wills \*\*Signature of Reporting Person

10% Owner Officer

Relationships

Wills Kevin 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067 Signatures

**Reporting Owner Name / Address** 

# **Reporting Owners**

to Buy

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. Transact Code (Instr. 8)	5. Number to of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Date (Month/Day/Yea	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	· (A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Ruy	\$ 16.71	06/26/2014		А	5,497	06/26/2015 <u>(2)</u>	06/26/2024	Common	5,497	

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Stock

Date

06/30/2014

Other