# HEALTHSOUTH CORP Form 3 October 09, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

# INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Ac Person <u>*</u> CHIDSEY		orting	2. Date of Event R Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]								
(Last)	(First)	(Middle)	10/02/2007		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)					
5505 BLUE	LAGOON	DRIVE							•				
(Street) MIAMI, FL 33126					(Check all applicable)			6. Individual or Joint/Group					
					X_Director10% Own OfficerOther (give title below) (specify below)			r Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ble I - N	on-Derivati	ve Securiti	es Be	Beneficially Owned					
1.Title of Secur (Instr. 4)	ity		Ben	Amount of heficially ( htt. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	ership	irect Beneficial				
Reminder: Repo owned directly o		ate line for ea	ch class of securities	s beneficia	ally SE	EC 1473 (7-02)	)						
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.													
T	able II - Deri	ivative Secu	rities Beneficially O	Owned (e.g	g., puts, calls,	warrants, opt	ions, c	onvertible	e securities)				
1. Title of Deriv (Instr. 4)	vative Securit	Expi	nte Exercisable and ration Date /Day/Year)	Securitie	and Amount of s Underlying ve Security	4. Conversio or Exercis		wnership orm of	6. Nature of Indirect Beneficial Ownership (Instr. 5)				

(Instr. 4)

Title

Expiration

Date

Date

Exercisable

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

# **Reporting Owners**

Reporting Owner Name / Address										
F	Director	10% Owner	Officer	Other						
CHIDSEY JOHN 5505 BLUE LAGOON DRIVE MIAMI, FL 33126	ÂX	Â	Â	Â						
Signatures										
/s/ John P. Whittington, as attorney-in-fact for John W. 10/09/2										
<u>**</u> Signature of Repor	Date									
Explanation of Responses:										

#### No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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# **Remarks:**

No securities are beneficially owned. Exhibit 24 - Power of Attorney

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.