Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU"	TH CORP											
Form 4												
April 17, 2015	_									PROVAL		
FORM	4 UNITE	D STATES					GE C	OMMISSION	OMB OMB Number:	3235-0287		
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	STATI Filed p e. 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								January 31, 2005 verage 's per 0.5		
(Print or Type Res	ponses)											
1. Name and Address of Reporting Person <u>*</u> CURL YVONNE M			2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)		3. Date of Earliest Transaction					(Check all applicable)			
17 LEAMINGTON LANE			(Month/Day/Year) 04/15/2015					X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
HILTON HEA ISLAND, SC 2								Form filed by M Person				
(City)	(State)	(Zip)	Table I	- Non-Deri	vative Sec	curitie	es Acqu	ired, Disposed of	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed (onth/Day/Year) Execution Date, if any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				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	04/15/2015	5		Code V A <u>(1)</u>	Amount 225	(D) A	Price \$ 0	50,416	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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CURL YVONNE M							
17 LEAMINGTON LANE	Х						
HILTON HEAD ISLAND, SC 29928							
Signatures							
/s/ John P. Whittington, attorney-in-fac M. Curl	04/17/2015						
<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).

Pursuant to outstanding restricted stock unit award agreements, additional restricted stock units ("RSUs") are credited to each non-employee director's account on common stock dividend payment dates. The number of RSUs credited is equal to (a) the product of

(1) (i) the number of the RSUs in each director's account on the associated dividend record date and (ii) the per share dividend, divided by (b) the closing price on the dividend payment date. On April 15, 2015 HealthSouth paid a dividend on its common stock of \$0.21 per share. The transaction reported on this Form 4 is an award of RSUs associated with that dividend payment.

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.