#### **HEALTHSOUTH CORP**

Form 4

January 16, 2014

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Number: January 31, Expires: 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

Estimated average

Form filed by More than One Reporting

See Instruction 1(b).

(Print or Type Responses)

ELSON CHARLES M			2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]	Issuer		
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
1002 WESTOVER ROAD (Street)			(Month/Day/Year) 01/15/2014	X Director 10% Owner Officer (give title below) Other (specify below)		
			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		

#### WILMINGTON, DE 19807

Stock

(City)	(State) (Zi	p) Table l	I - Non-De	rivative Se	curiti	es Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi or(A) or Di (Instr. 3,	4 and  (A) or	d of (D) 5)	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)
TT 1/1 /1			Code V	Amount	(D)	Price	(msu. 3 und 1)		
Healthsouth Common	01/15/2014		A <u>(1)</u>	230	A	\$ 34.33	51,011	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: HEALTHSOUTH CORP - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C-1- V	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
· <b>r</b>	Director	10% Owner	Officer	Other			
ELSON CHARLES M							
1002 WESTOVER ROAD	X						
WILMINGTON, DE 19807							

## **Signatures**

John P. Whittington, attorney-in-fact for Charles M.
Elson
01/16/2014

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

If the form is filed by more than one reporting person, <i>see</i> Instruction 4(b)(v).		
	**	Intentional misstatements or omissions of facts constitute Federal Criminal Violations. <i>See</i> 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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. on the associated dividend record date and (ii) the per share dividend, divided by (b) the closing price on the dividend payment date. On January 15, 2014 HealthSouth paid a dividend on its common stock of \$0.18 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.

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