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

HEALTHSOUTH	I CORP										
Form 4											
March 02, 2005											
FORM 4	LINUTE								OMB APPROVAL		
	UNITE	DSIAIE	S SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						OMB Number:	3235-0287	
Check this box			vv asiningto	II, D.C. 2	0347					January 31,	
if no longer	STAT	EMENT O	<b>DF CHANGES IN BENEFICIAL OWNERSHIP OF</b>					HIP OF	Expires: 2005 Estimated average burden hours per		
subject to Section 16.			SECU	SECURITIES							
Form 4 or									response 0.5		
Form 5 obligations	Form 5 obligations rection 17(a) of the Public Utility Holding Company Act of 1935 or Section										
may continue.	Section		Public Utility Ho ) of the Investment	•	<b>•</b> •			or Section			
See Instruction 1(b).		50(II	) of the investment	in Compa	iny Act 0	1 1 94	0				
1(0).											
(Print or Type Respon	nses)										
1. Name and Address	s of Report	ing Person <u>*</u>	2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to					
Clark Joseph T			Symbol HEALTHSOUTH CORP [HLSH]				Issuer				
							(Check all applicable)				
(Last) (	First)	(Middle)	3. Date of Earliest		n						
3633 WEST END AVENUE			(Month/Day/Year) 03/01/2005				Director 10% Owner X Officer (give title Other (specify				
		0L	03/01/2003				below)	-	below)		
(Street)							President, Surgery Division				
			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(ivionali/Day) 1	_X_ Form filed by One Reporting Person							
NASHVILLE, T	N 37205						For Person	m filed by Mor	re than One Repo	orting	
(City) (	State)	(Zip)	Table I - Non	n-Derivativ	e Securitie	s Acq	uired, D	)isposed of, o	or Beneficially	Owned	
1.Title of Security		2. Transaction Date		3. 4. Securities Ac						7. Nature	
(Instr. 3)	(Month/Day/Year)		Execution Date, if any	Transaction(A) or Disposed Code (Instr. 3, 4 and 5				Securities Beneficially	Ownershi	p of Indirect Beneficial	
			(Month/Day/Year)		(111541-0),	. uno c	· )	Owned	Direct (D	) Ownership	
								Following Reported	or Indirec (I)	t (Instr. 4)	
						(A)		Transaction			
				Code V	Amount	or (D)	Price	(Instr. 3 and	l 4)		
HEALTHSOUT	H 03/01/2005			А	30,000	A	\$	30,000	D		
Common Stock	05/01	12003		Α	(1)	Α	5.71	30,000	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)

#### 1. Title of 2. 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Ar 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date Underlying Se (Month/Day/Year) Security or Exercise any Code Securities (Instr. 3 and 4) (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Expiration Date Exercisable Title Date Code V (A) (D) Non-Oualified **HEALTHS** 03/01/2006(2) 03/01/2015 Stock Option \$ 5.71 03/01/2005 Α 55,000 Common (right to buy)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Clark Joseph T 3633 WEST END AVENUE NASHVILLE, TN 37205			President, Surgery Division				
Signatures							

Joseph T. Clark 03/02/2005

<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).
- (1) Award of restricted stock pursuant to the Company's 1998 Restricted Stock Plan. The award vests and becomes nonforfietable on March 1, 2008.
- (2) The option becomes exercisable in annual installments over a three-year period, at the rate of 33.3% per year commencing one year after the date of grant.

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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