#### **HUSSEY WILLIAM S**

Form 4

March 12, 2018

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

1. Name and Address of Reporting Person \*

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

2. Issuer Name and Ticker or Trading

Quorum Health Corp [QHC]

Symbol

1(b).

(Print or Type Responses)

**HUSSEY WILLIAM S** 

~ · ·	<i>(</i> 71 ) 0						(0110	on an approact	,			
(Last)	(First) (N		3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director	109	% Owner				
1573 MALLORY LANE, SUITE 100			03/09/2018				Officer (gives	ve title Other (specify below)				
	(Street)			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					
BRENTWO	OD, TN 37027						Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Γable I - Non-I	Derivative S	Securi	ties Ac	Acquired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Yo	Code	4. Securit on(A) or Di (D) (Instr. 3, 4	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common stock, par value \$0.0001 per share	03/09/2018		A	20,630 (1)	A	\$0	102,542	D				
Common stock, par value \$0.0001 per share							1,500	I	William S. Hussey Trustee, U/A dated 5/8/1998, by William S. Hussey			

as Grantor

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.

SEC 1474 (9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
HUSSEY WILLIAM S 1573 MALLORY LANE SUITE 100 BRENTWOOD, TN 37027	X						

### **Signatures**

/s/ R. Harold McCard, Jr., Attorney in Fact for William S.
Hussey

03/12/2018

Date

\*\*Signature of Reporting Person

# **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).
- On March 9, 2018, the reporting person received a grant of 20,630 shares of restricted common stock pursuant to the Quorum Health (1) Corporation 2016 Stock Award Plan. 100% of the number of shares of restricted stock issued shall vest, and the restrictions with respect to such restricted stock shall lapse, on March 9, 2019.

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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