Edgar Filing: Levy Cheryl B. - Form 4

Form 4											
January 03, 20	Л	D STATES	S SECURI	TIES AN	D EXC	HAN	GE CC	OMMISSION	OMB AF	PROVAL	
Check this l			Wash	ington, I	D.C. 2054	49			Number:	3235-0287	
if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hou response			
Form 5 obligations may continu <i>See</i> Instruct 1(b).	Bection 1	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									
(Print or Type Res	sponses)										
			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Encompass Health Corp [EHC]					(Check	Check all applicable)		
(Last) (First) (Middle) 3137 BROOK HIGHLAND DRIVE							Director 10% Owner X Officer (give title Other (specify below) below) Chief Human Resources Officer				
				iled(Month/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BIRMINGHA	M, AL 3524	12					Ē	Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table l	[- Non-De	rivative Se	ecuriti	es Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/	any	eemed tion Date, if h/Day/Year)	Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	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	01/02/2018			F	2,075 (1)	D	\$ 49.41	88,905	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / A	ddress	Relationships					
	Director	10% Owner	Officer	Other			
Levy Cheryl B. 3137 BROOK HIGHLAND DRIVE BIRMINGHAM, AL 35242			Chief Human Resources Officer				
Signatures							
/s/ Cheryl B. Levy	01/03/2018						

<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) These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the related restricted stock.

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.