Edgar Filing: ELSON CHARLES M - Form 4

ELSON CHARLES M Form 4									
January 18, 2018									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL	
UNITED		SECURITIES AND EXCHANGE CON Washington, D.C. 20549				OMMISSION	OMB Number:	3235-0287	
Section 16. Form 4 or Form 5 Filed pu obligations Section 17	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of					e Act of 1934,	January 31 Expires: 200 Estimated average burden hours per response 0.		
<i>See</i> Instruction 1(b).		of the Inve	•		•				
(Print or Type Responses)									
1. Name and Address of Reporting ELSON CHARLES M	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
	Encompas	Encompass Health Corp [EHC]				(Check all applicable)			
(Last) (First) 1002 WESTOVER ROAD	01/16/2018					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			
WILMINGTON, DE 19807							Form filed by M Person	ore than One Re	porting
(City) (State)	(Zip)	Table I	- Non-Deri	vative Sec	curitie	s Acqu	iired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)2. Transaction (Month/Day/Y)	ear) Execu any	eemed ation Date, if th/Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Healthsouth Common 01/16/2018 Stock			А	303 <u>(1)</u>	А	\$0	69,470	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 8	Director	10% Owner	Officer	Other				
ELSON CHARLES M 1002 WESTOVER ROAD WILMINGTON, DE 19807	Х							
Signatures								
Patrick Darby, attorney-in-fact Elson	01/	01/18/2018						

**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 January 16, 2018, Encompass Health paid a dividend on its common stock of \$0.25 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.