HEALTHSOUTH CORP Form 3 December 30, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Report Person <u>*</u>	Statement	H	3. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLS]					
. , . , . ,	Middle) 12/29/2016	5 4	Relationship Person(s) to Is	o of Reporting suer		5. If Amendment, Date Original Filed(Month/Day/Year)		
2122 ACTON PARK WA (Street) BIRMINGHAM, ALÂ			Director _X Officer give title below	all applicable) 10% (Other (specify belo Operations	Owner ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State)	(Zip)	Table I - No	n-Derivati	ve Securiti	es Ber	neficially Owned		
1.Title of Security (Instr. 4)		2. Amount of S Beneficially Ov (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	•		
Healthsouth Common Sto	ock	19,140		D	Â			
Reminder: Report on a separate owned directly or indirectly.	line for each class of secu	urities beneficiall	^{ly} SE	EC 1473 (7-02))			
informat required	who respond to the c ion contained in this t to respond unless th valid OMB control n	form are not e form display	vs a					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	(Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Jacobsmeyer Barbara Ann 2122 ACTON PARK WAY BIRMINGHAM, AL 35243	Â	Â	EVP, Operations	Â			
Signatures							
/s/ Patrick Darby, attorney-in-fact for Barbara Ann Jacobsmeyer 12/30/2							
<u>**</u> Signature of Report		Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.