Janicak Steve Form 4	en										
March 18, 20)19										
FORM	1 /								OMB AF	PROVAL	
	UNITED	STATES			AND EX , D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check the if no long	Ter								Expires:	January 31, 2005	
subject to	5 STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSH					NERSHIP OF	Estimated average			
Section 1 Form 4 o		SECURITIES						burden hours per response 0.5			
Form 5	Filed put	rsuant to	Section 1	6(a) of th	ne Securit	ies E	xchang	e Act of 1934,	response	0.5	
obligation may cont	ns Section 170						•	f 1935 or Section	n		
See Instru 1(b).		30(h)	of the In	vestment	Compar	iy Ac	t of 194	40			
(Print or Type F	Responses)										
Janicak Steven Syn			Symbol	•				5. Relationship of Reporting Person(s) to Issuer			
			ITY HEALTH, INC. [TVTY]				(Check all applicable)				
(Last)	(First) (Middle)	3. Date of (Month/D	f Earliest T	ransaction			Director	10%	Owner	
701 COOL	SPRINGS BLVI	Э.	03/15/2	-				Officer (give below)		er (specify	
	(Street)		4. If Ame	ndment, D	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mor	nth/Day/Yea	r)			Applicable Line)			
FRANKLIN	I, TN 37067							_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 3, 4 and 5)		d of (D)	Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial				
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	03/15/2019			F	612 <u>(1)</u>	D	\$ 17.52	23,544	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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	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 / Address	Relationships							
r g	Director	10% Owner	Officer	Other				
Janicak Steven			Division					
701 COOL SPRINGS BLVD.			President,					
FRANKLIN, TN 37067			Healthcare					
Signatures								

/s/ Steven	03/18/2019			
Janicak	05/16/2019			

**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).
- Reflects the shares withheld to cover the payment of taxes following the vesting of 2,466 restricted stock units granted on March 15, (1) 2018.

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.