### Edgar Filing: HIGDON LEO I JR - Form 4

HIGDON LEO	I JR									
Form 4										
May 07, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB	3235-0287			
Check this bo	)X	Wash	ington, D	<b>.C.</b> 2054	19		Number:	January 31,		
if no longer						Expires:				
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER				WNERSHIP OF	Estimated averag				
Section 16.		SECURITIES					burden hours per			
Form 4 or Form 5	Eiled murau	ant to Santian 160	(a) of the	Soomitio	a Erroho	n = 1024	response	0.5		
obligations	<b>^</b>	ant to Section 16(				t of 1935 or Section	n			
may continue	•	30(h) of the Inve	•	<b>-</b>	•		11			
See Instructio	on	JO(II) OF the IIIV		ompany	Actor	1940				
1(b).										
(Print or Type Resp	onses)									
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relationship of R							Reporting Person(s) to			
HIGDON LEO I JR Symbol Encompass Health Co						Issuer	Issuer			
				Corp [E]	HC]	(Chao)	(Check all applicable)			
(Last)	(First) (Mid	dle) 3. Date of E	3. Date of Earliest Transaction				k all applicable)			
	(Month/Day				_X_ Director	XDirector10% Owner				
50 CHURCH STREET 05/04/2			8				Officer (give title Other (specify below)			
(Street) 4. If Amena				<u></u>		<i>,</i>	6. Individual or Joint/Group Filing(Check			
				Original						
	/Day/Year)			· · ·	Applicable Line) _X_ Form filed by One Reporting Person					
CHARLESTO	N. SC 29041					Form filed by M				
						Person				
(City)	(State) (Zi	p) <b>Table</b>	I - Non-Der	ivative Se	curities A	Acquired, Disposed of	, or Beneficial	ly Owned		
	2. Transaction Date		3.	4. Securi		5. Amount of	6. Ownership	7. Nature of		
-	(Month/Day/Year)		Code Disposed of (D)			Securities	Form: DirectIndirect(D) orBeneficialIndirect (I)Ownersh(Instr. 4)(Instr. 4)			
(Instr. 3)		any (Month/Day/Year)				Beneficially Owned				
		(Wohth Duy) Tear)				Following		(Instr. 4)		
					(A)	Reported				
					or	Transaction(s) . (Instr. 3 and 4)				
			Code V	Amount	(D) Pr	rice (Instr. 5 and 4)				
Encompass										
Health	05/04/2018		А	2,386	A \$	0 67,540	D			
Common				(1)	· - •					
Stock										

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)

### **Reporting Owners**

#### Edgar Filing: HIGDON LEO I JR - Form 4

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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							
	Director	10% Owner	Officer	Other				
HIGDON LEO I JR								
50 CHURCH STREET CHARLESTON, SC 29041	Х							
Signatures								
/s/ Patrick Darby, attorney-in-fa Higdon, Jr.		05/07/2018						
<u>**</u> Signature of Reporting	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) Annual award of restricted stock units pursuant to the Corporation's 2016 Omnibus Performance Incentive Plan.

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.