## Edgar Filing: U S PHYSICAL THERAPY INC /NV - Form 4

Check this box if no longer subject to Section 16. Check this box								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5			
(Print or Type I	Responses)										
Swanson Regg E. Symbol			Name <b>and</b> Ticker or Trading YSICAL THERAPY INC SPH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month/			3. Date of (Month/D 05/20/20					Officer (give title 10% Owner Officer (give title Other (specify below) below)			
	(Street)	(Street) 4. If Ame Filed(Mor			te Original)	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
HOUSTON	, TX 77042							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securit on(A) or Di (Instr. 3,	sposed 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/20/2016			Code V S		(D) D	Price \$ 57.29 (1)	3,881 <u>(2)</u>	I	Trust	

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)

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)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

 Reporting Owner Name / Address
 Relationship

 Director
 10% Owner
 Officer
 Other

 Swanson Regg E.
 1300 W SAM HOUSTON PARKWAY S
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#### <u>Signature of</u> Reporting Person

# **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).

The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$57.03 - \$57.76, both inclusive. The reporting person undertakes to provide to U.S. Physical Therapy, Inc., any of its shareholders or the staff of the Securities

- (1) Inclusive. The reporting person undertakes to provide to 0.5. Physical Therapy, inc., any of its shareholders of the scalar of the securities & Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.
- (2) Regg E. Swanson Revocable Trust is the Owner, and Regg E. Swanson is Beneficiary and Trustee.

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.