Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOUTH	CORP									
Form 4										
March 24, 2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							ISSION	OMB APPROVAL		
	UNITED STATE	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						Number:	3235-0287	
Check this box if no longer								Expires:	es: January 31, 2005	
subject to Section 16.									erage per	
Form 4 or Form 5	Filed nursuant to	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							0.5	
obligations S	Section 17(a) of the				0					
may continue. See Instruction 1(b).) of the Investmen	•	- ·						
(Print or Type Respons	es)									
()									
1. Name and Address DAVIS KAREN (2. Issuer Name and Ticker or Trading Symbol HEALTHSOUTH CORP [HLSH]				5. Relationship of Reporting Person(s) to Issuer				
]	(Check all applicable)				
(Last) (Fi	irst) (Middle)	3. Date of Earliest		I		_				
7077 NORTH HIC	GHFIELD DRIVE	(Month/Day/Year) 03/23/2005				Director 10% Owner X Officer (give title Other (specify below) below) President, Diagnostic Division				
(St	reet)	4. If Amondment Data Original				-				
(Dr		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 Form filed by More than One Reporting 				
HOOVER, AL 35	242									
						Person				
(City) (St	ate) (Zip)	Table I - Non	-Derivative	e Securitie	s Acqu	uired, D	Disposed of, o	or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3.4. Securities AcTransaction(A) or DisposedCode(Instr. 3, 4 and 5)(Instr. 8)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	Ownership ly Form: Direct (D)	Beneficial Ownership	
					(A) or	D :	Transaction(s) (Instr. 3 and 4)	(s) (Instr. 4)		
HEALTHSOUTH	03/23/2005		Code V A	Amount 15,000 (1)	(D) A	Price \$	30,898	D		
Common Stock				<u>(1)</u>		5.37				

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 2. 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Ar 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date Underlying Se (Month/Day/Year) Security or Exercise any Code Securities (Instr. 3 and 4) (Instr. 3) (Month/Day/Year) (Instr. 8) Price of Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Expiration Date Exercisable Title Date Code V (A) (D) Non-Qualified **HEALTHS** 03/23/2006(2) 03/23/2015 Stock Option \$ 5.37 03/23/2005 Α 30,000 Common (right to buy)

Reporting Owners

Е 7 Н **S**

**Signature of

Reporting Person

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DAVIS KAREN G 7077 NORTH HIGHFIELD DRIVE HOOVER, AL 35242			President, Diagnostic Division				
Signatures							

Karen G. Davis 03/24/2005

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Award of restricted stock pursuant to the Company's 1998 Restricted Stock Plan. The award vests and becomes nonforfietable on March 23, 2008.
- (2) The option becomes exercisable in annual installments over a three-year period, at the rate of 33.3% per year commencing one year after the date of grant.

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.