#### Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOUTH	H CORP										
Form 4											
March 24, 2005											
FORM 4			a apolipitica					GGION		MB APPRC	VAL
UNITED STATES SECURITIES				AND EXCHANGE COMMISSION n, D.C. 20549			SSION	OMB Numb		35-0287	
Check this box	ĸ		vv asningto	n, D.C. 2	004)					.lan	uary 31,
if no longer subject to Section 16.				N BENEFICIAL OWNERSHIP OF IRITIES			IP OF	Expires: 2005 Estimated average burden hours per		2005 ge	
Form 4 or									response 0.5		
Form 5 obligations		<b>^</b>	Section 16(a) of			•					
may continue. See Instruction			Public Utility Ho ) of the Investment	•	· ·			Section			
1(b).											
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> GRINNEY JAY			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			HEALTHSOU'	TH CORI	P [HLSH]			(Check	all ann	licable)	
(Last)	(First)	(Middle)	3. Date of Earliest	Transactior	1			(Cheek)	un upp	neuble)	
			(Month/Day/Year)	I			_X_Di	rector ficer (give ti		10% Owne Other (spec	
3179 OVERHIL	L ROAD		03/23/2005				A OI below)	Chief Ex	belo	ow)	eny
(Street)			4. If Amendment, Date Original			(	6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
MOUNTAIN BI	ROOK, A	L 35223								One Reporting	3
(City)	(State)	(Zip)	Table I - Non	-Derivativ	e Securities	Acqu	ired, Dis	sposed of, o	or Ben	eficially Ow	ned
1.Title of Security (Instr. 3)		nsaction Date h/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securitie on(A) or Disp (Instr. 3, 4 a	osed	of (D)	5. Amoun Securities Beneficial Owned	lly	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
								Following Reported	\$	or Indirect (I)	(Instr. 4)
						(A) or		Transactio		(Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 at	nd 4)		
HEALTHSOUT Common Stock	°H 03/23	3/2005		А	100,000 (1)	А	\$ 5.37	200,000		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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Securities (Instr. 3 and 4
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 5.37	03/23/2005		А	650,000	03/23/2006(2)	03/23/2015	HEALTH: Common

### Edgar Filing: HEALTHSOUTH CORP - Form 4

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
FB	Director	10% Owner	Officer	Other			
GRINNEY JAY 3179 OVERHILL ROAD MOUNTAIN BROOK, AL 35223	Х		Chief Executive Officer				
<b>•</b> ••							

### Signatures

Jay Grinney	03/23/2005
<u>**</u> 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).
- (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.