## Edgar Filing: Envision Healthcare Holdings, Inc. - Form 4

Envision Healthcare Holdings, Inc. Form 4 August 21, 2013

## **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Murphy Steven G Issuer Symbol Envision Healthcare Holdings, Inc. (Check all applicable) [EVHC] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_X\_\_ Officer (give title \_ Other (specify (Month/Day/Year) below) below) 6200 S. SYRACUSE WAY, STE 08/19/2013 SVP of Gov. & Nat. Services 200 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

## GREENWOOD

VILLAGE, CO 80111

(City)	(State) (Z	Zip) Table	I - Non-De	erivative Se	ecuriti	es Acc	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securiti onAcquired ( Disposed o (Instr. 3, 4 Amount	(A) or of (D) and 5 (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares	08/19/2013		Р	5,000	A	\$ 23	18,950	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Filed(Month/Day/Year)

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.

Applicable Line)

Person

\_X\_ Form filed by One Reporting Person \_\_\_\_ Form filed by More than One Reporting

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exer Expiration D			tle and unt of	8. Price of Derivative	9. Nu Deriv	
Security (Instr. 3)	or Exercise Price of Derivative Security	(Monun Day i ear)	(Month/Day/Year)	Code (Instr. 8)	of	(Month/Day, e s		Unde Secu	erlying	Security (Instr. 5)	Secu Bene Owne Follo Repo Trans (Instr	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Repo	rting O	wners										
Bono	rting Owner !	nor Nomo / Address				Relationships						

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Murphy Steven G 6200 S. SYRACUSE WAY STE 200 GREENWOOD VILLAGE, CO 80111			SVP of Gov. & Nat. Services				
Signatures							
/s/ Craig A. Wilson, Attorney-in-Fact fo Murphy	or Steve C	ł.	08/21/2013				
**Signature of Reporting Person			Date				
Evalenation of Deenew							

## 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).

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.