Edgar Filing: Quorum Health Corp - Form 4

Quorum He	alth Corp										
Form 4 May 19, 201	16										
									OMB AF	PROVAL	
FORM	/ 4 UNITEI	Washington, D.C. 20549								3235-0287	
Check th if no lon subject t Section Form 4 d	nger STATE 16.									Expires:January 31 2005Estimated average burden hours per response0.5	
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 1'	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Miller Thomas Daniel			2. Issuer Name and Ticker or Trading Symbol Quorum Health Corp [QHC]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (C					(Chec	eck all applicable)		
1573 MALLORY LANE, SUITE 100			(Month/Day/Year) 05/18/2016					X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BRENTWO	DOD, TN 37027							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	Transaction Date 2A. Deen Ionth/Day/Year) Execution any (Month/D		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			l of (D)	SecuritiesOwnershipIndBeneficiallyForm: DirectBeOwned(D) orOwned		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common stock, par value \$0.0001 per share	05/18/2016			Р	50,000	A	\$ 11.42 (1)	354,274	D		

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

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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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							
Reporting O when I tunie / I turiess	Director	10% Owner	Officer	Other				
Miller Thomas Daniel 1573 MALLORY LANE SUITE 100 BRENTWOOD, TN 37027	Х		President and CE	Э				
Signatures								
/s/ R. Harold McCard, Jr., Attorney in Fact for Thomas D. Miller 05/19/2016								

**Signature of 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 in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$11.05 to \$11.96, inclusive. The reporting person undertakes to provide to Quorum Health Corporation, any security holder of Quorum

Date

(1) FIT 50 to \$17.50, inclusive. The reporting person undertakes to provide to Quorum Health Corporation, any security holder of Quorum Health Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

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.