Edgar Filing: Tarr Mark J - Form 4

Tarr Mark J											
Form 4											
January 03, 20)19										
FORM	4							01 11 11 11 11	OMB AF	PROVAL	
UNITED STATES SECURITIES AND EACHANGE COMMIS						OMMISSION	OMB	3235-0287			
Check this box Washington, D.C. 20549						Number:	January 31,				
if no longe	r					JEDSUID OF	Expires:	2005			
subject to		STATEMENT OF CHANG				JAL	UWF	EKSHIF OF	Estimated average		
Section 16 Form 4 or		SEC			CURITIES				burden hours per response 0.5		
Form 5	Filed pu	rsuant to	Section 160	a) of the	Securitie	es Exc	change	e Act of 1934,	response	0.5	
obligations	Section 17						-	1935 or Section	1		
may contin See Instruc	iue.		of the Inve	•	-						
1(b).	lion										
(Print or Type Re	esponses)										
1 Name and Ad	dress of Reporting	Person *	2 T - N	.		1.		5 Relationship of	Reporting Pers	ron(s) to	
			2. Issuer N Symbol	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symot			-	acompass Health Corp [EHC]							
(Leet)	(F :	(MC LHL)	•		· -	nej		(Check	k all applicable)	
(Last)	(First)	(Middle)	3. Date of E (Month/Day		isaction			X Director	10%	Owner	
4158 APPOMATTOX LANE 01/02/20				-				XOfficer (give titleOther (specify			
			01/02/201	. /				below)	below) bident & CEO		
			4 70 4		<u></u>						
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTAIN	BROOK, AL	35213						Form filed by M			
								Person			
(City)	(State)	(Zip)	Table 1	I - Non-Der	rivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I			3.				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Ye		tion Date, if	Transactio Code		ispose	d of	Securities Beneficially	Ownership Form: Direct	Indirect Popoficial	
(Instr. 3)		any (Mont	h/Day/Year)		(D) (Instr. 3,	4 and	5)	Owned	(D) or	Ownership	
		× ×	, , , , , , , , , , , , , , , , , , ,		· · · ·		·	Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or		(Instr. 3 and 4)			
Encommence				Code V	Amount	(D)	Price	(
Encompass Health					0.410		¢				
Common	01/02/2019			F	9,410 ⁽¹⁾	D	\$ 61.7	282,553	D		
Stock					<u> </u>		01.7				

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Tarr Mark J 4158 APPOMATTOX LANE MOUNTAIN BROOK, AL 35213	Х		President & CEO				
Signaturos							

Signatures

/s/ Mark J. Tarr	01/03/2019
<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) These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the related restricted stock.

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.