HEALTHWAYS, INC Form 3 August 23, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Dries Robert E.			2. Date of Event Requiring Statement (Month/Day/Year)		g 3. Issuer Name and Ticker or Trading Symbol HEALTHWAYS, INC [HWAY]						
(Last)	(First)	(Middle)	08/22/2016		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
701 COOL SPRINGS BOULEVARD					(Check all applicable)						
(Street) FRANKLIN, TN 37067				Director 10% Owner X_Officer Other (give title below) (specify below) Chief Financial Officer			ow)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	,	Table I - N	lon-Derivat	on-Derivative Securities Beneficially Owned					
1.Title of Secur (Instr. 4)	rity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.				
Reminder: Repo owned directly		ate line for ea	ch class of secu	rities benefici	ally S	EC 1473 (7-02)				
	inform requir	ation conta ed to respo	oond to the co ained in this fo nd unless the MB control nu	orm are not form displa							
Т	able II - Der	ivative Secur	rities Beneficial	ly Owned (e.	g., puts, calls,	warrants, opt	tions, c	onvertible securities)			
1. Title of Deri	vative Securit	y 2. Da	te Exercisable a	nd 3. Title	and Amount of	f 4.	5.	6. Nature of Indirect			

2. Date Exerc	cisable and	3. Title and	Amount of	4.	5.	6. Nature of Indirect
Expiration D	ate	Securities Underlying		Conversion	Ownership	Beneficial Ownership
(Month/Day/Year)		Derivative Security		or Exercise	Form of	(Instr. 5)
		(Instr. 4)		Price of	Derivative	
Dete	г ·	T '4	A	Derivative	Security:	
	1	Thue		Security	Direct (D)	
Exercisable	Date		Number of Shares		or Indirect	
					(I)	
	Expiration D (Month/Day/Year) Date	Expiration Date (Month/Day/Year)	Expiration Date Securities U (Month/Day/Year) Derivative S Image: Date Expiration Total Title	Expiration DateSecurities Underlying Derivative Security (Instr. 4)DateExpirationTitleAmount or Number of	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Dries Robert E. 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067	Â	Â	Chief Financial Officer	Â			
Signatures							
/s/ Mary Flipse by power of attorney for I Dries	Robert E.	08/23/2016					
**Signature of Reporting Person		Dat	te				

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

Exhibit List: Exhibit 24.1 - Power of Attorney

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.