# Edgar Filing: HEALTHWAYS, INC - Form 4

if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES Estimated average burden hours per	0287 y 31,								
FORM 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       OMB       3235-         Check this box if no longer subject to Section 16.       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Expires:       Januar	0287 y 31,								
Check this box if no longer subject to Section 16.       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       OMB Number:       3235-         STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Expires:       Januar	0287 y 31,								
Check this box if no longer subject to Section 16.       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       OMB Number: 3235- Number: Januar	y 31,								
if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Expires: Expi	-								
	Estimated average								
Form 5 obligations may continue. See Instruction 1(b). 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 *       2. Issuer Name and Ticker or Trading       5. Relationship of Reporting Person(s) to         England Mary Jane       Symbol       Issuer         HEALTHWAYS, INC [HWAY]       (Check ell emliced)	Issuer								
(Last) (First) (Middle) 3. Date of Earliest Transaction (Check all applicable)									
701 COOL SPRINGS       (Month/Day/Year)      X_Director       10% Owner         701 COOL SPRINGS       08/26/2016      Officer (give title below)      Other (specify below)         BOULEVARD      Other (specify below)      Other (specify below)	Officer (give title Other (specify								
(Street)       4. If Amendment, Date Original       6. Individual or Joint/Group Filing(Check         Filed(Month/Day/Year)       Applicable Line)	Applicable Line)								
FRANKLIN, TN 37067 Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	L I								
Security (Instr. 3)       (Month/Day/Year)       Execution Date, if any       Transaction(A) or Disposed of (D) Code       Securities       Ownership       Indirect         (Instr. 3)       any       Code       (Instr. 3, 4 and 5)       Beneficially       Form: Direct       Beneficially         (Month/Day/Year)       (Instr. 8)       Owned       (D) or       Ownership         Following       Indirect (I)       (Instr. 4)									
(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price									
Common Stock08/26/2016S3,816D\$ 24.7839,068D									
Common Stock08/25/2016GV1,227D\$ 037,841D									
Common Stock 08/26/2016 G V 3,370 D \$ 0 34,471 D									

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

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#### 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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	umber Expiration Date (Month/Day/Year erivative ecurities cquired a) or isposed (D) nstr. 3,		Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

<b>Reporting Owner Name / Address</b>	Relationships							
	Director 10% Owner		Officer	Other				
England Mary Jane 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067	Х							
Signatures								
/s/ Mary Flipse, by power of attorney for England	08	8/29/2016						
<u>**</u> Signature of Reporting Persor	Date							
<b>Explanation of Respon</b>	nses:							

\* 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).

## **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.