#### Edgar Filing: HEALTHWAYS, INC - Form 4

TIEAT THWAYS INC

Form 4	415, INC											
December 05	5, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
		AITIES A Shington,			NGE C	COMMISSION	OMB Number:	3235-0287				
Check thi if no long	er			Expires:	January 31 2005							
subject to Section 10 Form 4 or	6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES								verage rs per 0.5		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 1'											
(Print or Type R	Responses)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHWAYS, INC [HWAY]				-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)				(Check all applicable)						
(1)			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2016				Director 10% Owner X_ Officer (give title Other (specify below) below) Interim CFO				
	(Street) 4. If Amer Filed(Mon				-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
FRANKLIN	I, TN 37067							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			on Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V		(A) or (D)	Price ¢	Transaction(s) (Instr. 3 and 4)				
Common Stock	12/02/2016			F	3,419 (1)	D	\$ 23.35	67,434	D			
Common Stock								1,236	I	Held in 401(k)		

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	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						
1	Director	10% Owner	Officer	Other			
Hargreaves Glenn 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067			Interim CFO				

## Signatures

/s/ Glenn Hargreaves 12/05/2016

<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) Reflects 3,419 shares withheld to cover the payment of taxes following the vesting of 12,500 restricted stock units granted on December 2, 2010.

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.