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F (ALTH, INC.										
Form 4	_										
July 05, 2017											
FORM	14 UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							PPROVAL		
	UNITEDS	Washington, D.C. 20549							OMB Number:	3235-0287	
Check the				8,					Expires:	January 31,	
if no long subject to		ENT OF	OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average 2005		
Section 1	16. SECURITIES							burden hours per			
Form 4 o Form 5	-			$(\cdot, \cdot) = f \cdot f$. C	F		- A	response	0.5	
obligation	*						•	e Act of 1934, 1935 or Section	n		
may cont	inue.			vestment	•	· ·			1		
<i>See</i> Instru 1(b).	uction	20(11) 0	1 110 111	, countent	compu	.y 110					
(Print or Type F	Responses)										
1 Name and A	ddress of Reporting P	Person *) Icouor	Nama and	Tieker or	Tradia	20	5. Relationship of	Reporting Pers	son(s) to	
Hargreaves			2. Issuer Name and Ticker or Trading Symbol				ng	Issuer			
			TIVITY HEALTH, INC. [TVTY]				[Y]				
(Last)	(First) (M	liddle) 3	3. Date of	Earliest Tr	ansaction	-	-	(Chec	k all applicable	e)	
701 COOL SPRINGS			(Month/Day/Year) 06/30/2017					Director 10% Owner _X Officer (give title Other (specify below) below)			
BOULEVA											
DOULEVA	KD							Chief A	ccounting Offi	cer	
DOOLEVA	(Street)	4	4. If Ame	ndment, Da	te Origina	1		Chief A 6. Individual or Jo	ccounting Offic		
DOOLLYA				ndment, Da th/Day/Year	-	1		6. Individual or Jo Applicable Line)	ccounting Officient	g(Check	
	(Street)				-	1		6. Individual or Jo	ccounting Offic int/Group Filin One Reporting Pe	rson	
FRANKLIN	(Street)				-	1		6. Individual or Jo Applicable Line) _X_ Form filed by C	ccounting Offic int/Group Filin One Reporting Pe	rson	
	(Street) J, TN 37067		Filed(Mon	th/Day/Year)		ities Acq	6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	ccounting Offic int/Group Filin One Reporting Pe lore than One Re	rg(Check rson porting	
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FRANKLIN (City) 1.Title of Security (Instr. 3) Common Stock	(Street) J, TN 37067 (State) (2. Transaction Date (Month/Day/Year)	I Zip) 2A. Deeme Execution any	Filed(Mon Table ed Date, if	th/Day/Year a. 3. Transactic Code (Instr. 8) Code V	Amount 1,003	Secur ties Ad isposed 4 and (A) or (D)	cquired d of (D) 5) Price \$	 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	ccounting Officient int/Group Filin One Reporting Pe fore than One Re 7, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	g(Check rson porting ly Owned 7. Nature of Indirect Beneficial Ownership	
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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 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		
Hargreaves Glenn 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067			Chief Accounting Officer			
Signatures						

/s/ Glenn Hargreaves 07/05/2017

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 1,003 shares withheld to cover the payment of taxes following the vesting of 3,667 restricted stock units granted on July 1, 2015.

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.