Hargreaves Glenn Form 4 September 27, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

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0.5

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may continue.

Check this box

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

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Hargreaves Glenn			2. Issuer Name and Ticker or Trading Symbol TIVITY HEALTH, INC. [TVTY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Enternal applicable)		
			(Month/Day/Year)	Director 10% Owner		
701 COOL SPRINGS			09/26/2017	X Officer (give title Other (specify below)		
BOULEVARD				Chief Accounting Officer		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
FRANKLIN, TN 37067				Form filed by More than One Reporting Person		

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative :	Secur	ities Acq	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/26/2017		M	3,537	A	\$ 7.47	52,180	D	
Common Stock	09/26/2017		S <u>(1)</u>	3,537	D	\$ 40 (2)	48,643	D	
Common Stock	09/26/2017		M	3,600	A	\$ 9.29	52,243	D	
Common Stock	09/26/2017		S <u>(1)</u>	3,600	D	\$ 40	48,643	D	
Common Stock							1,236	I	Held in 401(k) plan

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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 Derivativ Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number or of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Buy	\$ 7.47	09/26/2017		M	3,537	02/21/2013(3)	02/21/2022	Common Stock	3,537
Option to Buy	\$ 9.29	09/26/2017		M	3,600	07/19/2013(4)	07/19/2022	Common Stock	3,600

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 09/27/2017

**Signature of 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) The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.
- (2) This transaction was executed in multiple trades at a price of \$40.00.
- (3) Option vested 25% per year beginning on 2/21/2013.

Reporting Owners 2

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- (4) Option vested 25% per year beginning on 7/19/2013.
- (5) Information in this column is left blank because the transaction represents the conversion of a security.

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.