Edgar Filing: HEALTHWAYS, INC - Form 4

HEALTHW Form 4	VAYS, INC										
November	05, 2015										
FORM	M 4					~~~ .			OMB AF	PROVAL	
Wash					AND EX n, D.C. 20		MMISSION	OMB Number:	3235-0287		
if no lot subject Section Form 4 Form 5 obligati may co	obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Sect 30(h) of the Investment Company Act of 1940					Act of 1934,	Expires: January 31 2005 Estimated average burden hours per response 0.5				
(Print or Type	e Responses)										
								. Relationship of Reporting Person(s) to ssuer			
					Transaction		-	(Check all applicable)			
	FH TIDE CAPITA BOYLSTON STF 60		(Month/ 11/03/	/Day/Year) 2015			_	_X Director Officer (give ti elow)	itle Othe below)	Owner r (specify	
BOSTON,	(Street) MA 02116			nendment, I onth/Day/Ye	Date Origina ear)	l	A 	Individual or Joi pplicable Line) _ Form filed by On X_ Form filed by M	e Reporting Per	son	
(City)	(State)	(Zip)	Tal	ble I - Non-	-Derivative	Secur		erson ed, Disposed of,	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemee Execution I any (Month/Da	ed Date, if	3. Transactic Code		s Acq f (D)	uired (A) or	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, \$0.001 Par Value (1) (2)	11/03/2015			Р	119,609	. ,	\$ 11.3093	3,644,609	Ι	By North Tide Capital Master, LP (3)	
Common Stock, 0.001 Par Value (1) (2)	11/03/2015			Р	11,391	Α	\$ 11.3093	336,391	Ι	By Managed Accounts of North Tide Capital,	

								LLC (4)
Common Stock, \$0.001 Par Value (1) (2)	11/04/2015	Р	137,596	A	\$ 11.5822	3,782,205	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value (1) (2)	11/04/2015	Р	13,104	А	\$ 11.5822	349,495	I	By Managed Accounts of North Tide Capital, LLC (4)
Common Stock, 0.001 Par Value (1) (2)	11/04/2015	Р	45,013	A	\$ 11.56	3,827,218	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value (1) (2)	11/04/2015	Р	4,287	А	\$ 11.56	353,782	I	By Managed Accounts of North Tide Capital, LLC (4)
Common Stock, \$0.001 Par Value (1) (2)	11/05/2015	Р	4,679	A	\$ 12.3382	3,831,897	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value (1) (2)	11/05/2015	Р	321	А	\$ 12.3382	354,103	I	By Managed Accounts of North Tide Capital, LLC (<u>4)</u>
Common Stock, \$0.001 Par Value (1) (2)	11/05/2015	Р	13,103	А	\$ 12.1038	3,845,000	I	By North Tide Capital Master, LP (3)
Common Stock, 0.001 Par Value (1) (2)	11/05/2015	Р	897	A	\$ 12.1038	355,000	Ι	By Managed Accounts of North Tide

	Capital, LLC (4)								
Common Stock, \$0.001 Par Value (1) (2)	6,203 <u>(5)</u> D								
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of 2. 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, i Security or Exercise any (Instr. 3) Price of (Month/Day/Year) Derivative Security	Code of (Month/Day/Year) Underlying Security								
	Date ExercisableExpiration DateAmount or TitleCodeV(A)(D)Shares								

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Laughlin Conan C/O NORTH TIDE CAPITAL, LLC 500 BOYLSTON STREET, SUITE 1860 BOSTON, MA 02116	Х	Х				
NORTH TIDE CAPITAL, LLC 500 BOYLSTON STREET SUITE 1860 BOSTON, MA 02116		Х				
North Tide Capital Master, LP C/O NORTH TIDE CAPITAL, LLC 500 BOYLSTON STREET, SUITE 1860		Х				

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insta

BOSTON, MA 02116

Signatures

By: /s/ Conan Laughlin	11/05/2015				
**Signature of Reporting Person	Date				
North Tide Capital, LLC; By: /s/ Conan Laughlin, Manager					
**Signature of Reporting Person	Date				
North Tide Capital Master, LP; By: North Tide Capital GP, LLC, its General Partner; By: /s/ Conan Laughlin, Manager					
**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).

This Form 4 is filed jointly by North Tide Capital Master, LP (the "Master Fund"), North Tide Capital, LLC ("North Tide") and Conan

- (1) Laughlin (collectively, the "Reporting Persons"). Each Reporting Person is a member of a reporting group that owns in the aggregate more than 10% of the Issuer's outstanding shares of Common Stock. As such, each Reporting Person may be deemed to beneficially own more than 10% of the Issuer's outstanding shares of Common Stock.
- Each Reporting Person disclaims beneficial ownership of the shares of Common Stock reported herein except to the extent of his or its(2) pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such shares of Common Stock for purposes of Section 16 or for any other purpose.

Shares of Common Stock beneficially owned by the Master Fund. North Tide, as the investment manager of the Master Fund, may be(3) deemed to be the beneficial owner of the shares of Common Stock beneficially owned by the Master Fund. Mr. Laughlin, as the Manager of North Tide, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by the Master Fund.

- (4) Shares held in an account managed by North Tide. Mr. Laughlin, as the Manager of North Tide, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by North Tide.
- (5) Reflects restricted stock units that vest 25% per year beginning on 5/19/2016.

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.