Edgar Filing: HEALTHWAYS, INC - Form 4

HEALTHWA	YS, INC									
Form 4										
May 20, 2015									PPROVAL	
FORM	4 UNITED S	TATES SECUI Wa	RITIES All shington,			NGE (COMMISSION		3235-0287	
Check this if no longe subject to Section 16		NGES IN BENEFICIAL OWNERSHII SECURITIES					Expires: Estimated a burden hou	irs per		
Form 4 or Form 5 obligations may contin <i>See</i> Instruct 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								0.5	
(Print or Type Re	esponses)									
1. Name and Ad KARRO BRA	Symbol	2. Issuer Name and Ticker or Trading Symbol HEALTHWAYS, INC [HWAY]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
((Month/I	3. Date of Earliest Transaction(Month/Day/Year)05/19/2015				XDirector10% Owner Officer (give titleOther (specify below) below)			
	(Street) 4. If Amer Filed(Mont			-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
FRANKLIN,	TN 37067						Form filed by M Form filed by M Person			
(City)	(State) (Zip) Tab	le I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	n Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (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	05/19/2015		A	6,203 (1)	A	\$0	6,203	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)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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		Relationsh				
	Director 10% Owner Office		Officer	Other		
KARRO BRADLEY S 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067	Х					
Signatures						
/s/ Alfred Lumsdaine, by power of atto Karro		05/20/2015				
**Signature of Reporting Per-		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 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.