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	O ROBERT A										
Form 4 August 31,	2018										
FORM	ЛЛ									B APPROVAL	
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287				
Check t if no lot subject Section Form 4 Form 5 obligati may cot <i>See</i> Inst 1(b).	nger to 16. or Filed put ons ntinue.	Expires: ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						ed average nours per			
(Print or Type	Responses)										
S			2. Issuer Name and Ticker or Trading Symbol SELECT MEDICAL HOLDINGS CORP [SEM]				C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O SELECT MEDICAL HOLDINGS CORPORATION, 4714 GETTYSBURG ROAD			3. Date of Earliest Transaction (Month/Day/Year) 08/30/2018					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Exec. Chairman and Co-Founder			
MECHAN	(Street)]		endment, I onth/Day/Ye	-	al		6. Individual or J Applicable Line) _X_ Form filed by Form filed by	One Reporting	g Person	
(City)	(State)	(Zip)				~		Person			
1.Title of Security (Instr. 3)	2. Transaction Date	2A. Deemed	l Date, if	3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	08/30/2018			S <u>(1)</u>	11,923	D	\$ 20	7,000,171	D		
Common Stock	08/31/2018			S <u>(1)</u>	200	D	\$ 20.03	6,999,971	D		
Common Stock	08/31/2018			S <u>(1)</u>	1,700	D	\$ 20	6,998,271	D		
Common Stock								800,000	I	By the Robert A. Ortenzio July	

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			2017 GRAT
Common Stock	31,886	I	By the Robert A. Ortenzio 2014 Trust for Bryan A. Ortenzio (2)
Common Stock	31,886	I	By the Robert A. Ortenzio 2014 Trust for Kevin M. Ortenzio (2)
Common Stock	31,885	I	By the Robert A. Ortenzio 2014 Trust for Madeline G. Ortenzio (2)
Common Stock	2,750,000	Ι	By the Rocco A. Ortenzio Descendants Trust (2)
Common Stock	1,300,000	I	By the Robert A. Ortenzio Descendants Trust (2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e	Securities	(Instr. 5)	Bene
	Derivative				Securities	5	(Instr. 3 and 4)		Owne
	Security				Acquired				Follo
					(A) or				Repo
					Disposed				Trans
					of (D)				(Instr

(9-02)

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	(Instr. 3, 4, and 5) Date Exercisa Code V (A) (D)	Expiration Title Amount able Date Title Number of Shares		
Reporting Owners				
Reporting Owner Name / Address	s Director 10% Owner Officer			
ORTENZIO ROBERT A C/O SELECT MEDICAL HOLDINGS CORPORATION 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055	X	ec. Chairman and Founder		
Signatures				
/s/ Michael E. Tarvin, as attorney-in-fact	08/31/2018			
**C'	Dete			

**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) These shares were sold pursuant to a Rule 10b5-1 trading plan adopted by Robert A. Ortenzio on November 14, 2017.

The reporting person beneficially owns the reported securities indirectly, but disclaims beneficial ownership to the reported securities (2) except to the extent of his pecuniary interest therein.

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.