Envision Healthcare Holdings, Inc. Form 4 June 02, 2014

Julie 02, 2012	t											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL OMB 3235-0287 Number:		
Check this if no long subject to	or	Washington, D.C. 20549 x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF										
Section 16 Form 4 or		SECURITIES						Estimated a burden hou response	rs per			
Form 5 obligations may continue.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 19401(b).												
(Print or Type R	esponses)											
				2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
		Envision Healthcare Holdings, Inc. [EVHC]					(Check all applicable)					
(Last)	(First)	(First) (Middle) 3. Date of E (Month/Day			Earliest Transaction y/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
6200 S. SYR 200	ACUSE WA	Y, STE	05/29/20	)14					below)	below)		
	(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
GREENWO VILLAGE, O									Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non	1-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execut any	emed ion Date, if /Day/Year)	Code (Instr.	8)	4. Securit nAcquired Disposed (Instr. 3, -	(A) o of (D	)	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	05/29/2014			А		2,865 (1)	А	\$0	57,101	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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SMITH MICHAEL L 6200 S. SYRACUSE WAY STE 200 GREENWOOD VILLAGE, CO 80111	Х							
Signatures								
/s/ Craig A. Wilson, Attorney-in-Fact fo Smith	06/02/2014							
<u>**</u> 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) Represents 2,865 restricted stock units, which vest on the earlier of (i) the one year anniversary of the grant date or (ii) the date of the Company's next annual shareholders meeting, in each case subject to Mr. Smith's continued service on the Company's board of directors.

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.