Edgar Filing: RICE PATRICIA A - Form 4

RICE PATR Form 4	ICIA A											
November 08	8, 2011											
FORM	14								OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type F	Responses)											
RICE PATRICIA A Symbol SELEC				er Name and Ticker or Trading CT MEDICAL HOLDINGS 2 [SEM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	T MEDICAL S CORPORATIO	4iddle) N, 4714	3. Date of (Month/E 11/07/2	-	ansaction			Director X Officer (give below) Presi		Owner er (specify		
				nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MECHANI	CSBURG, PA 17	055						Form filed by M Person				
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative Se	ecuriti	es Acqu	ired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Indirect Illy Form: Direct Benefi (D) or Owner g Indirect (I) (Instr. 4) on(s) Owner				
Common Stock	11/07/2011			Code V	Amount 400,000	(D) D	Price \$ 8.66	574,304	I <u>(1)</u>	By The Patricia Ann Rice Living Trust		
Common Stock	11/07/2011			S	100,000	D	\$ 8.66	668,200	I <u>(1)</u>	By The 2005 Rice Family Trust		

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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 (9-02)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 Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
I solution to the second	Director	10% Owner	Officer	Other			
RICE PATRICIA A C/O SELECT MEDICAL HOLDINGS CORPORATION 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055			President and COO				
Signatures							
/s/ Michael E. Tarvin, as							

attorney-in-fact **Signature of Reporting Person 11/08/2011 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).
- The reporting person beneficially owns the reported securities indirectly, but disclaims beneficial ownership of the reported securities (1) except to the extent of her 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.