#### SELECT MEDICAL HOLDINGS CORP

Form 4

Common

Stock

12/18/2012

12/18/2012

December 19, 2012

FORM	ЛЛ					OMB A	PPROVAL		
	UNITED	STATES SECU Wa	RITIES AND Eashington, D.C.		COMMISSION	OMB Number:	3235-0287		
Check t if no lor subject Section Form 4 Form 5 obligati may cor See Inst 1(b).	nger to 16. or Filed pur ons ntinue.	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					Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)								
Donovan Michael Sy			er Name <b>and</b> Ticker  CT MEDICAL H  [SEM]		5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First) (I		of Earliest Transaction	on	Director	_X_ 10			
ANDERSO	SH, CARSON, ON AND STOWE ENUE, SUITE 25	12/18/2	Day/Year) 2012		Difficer (give below)	titleOth below)	er (specify		
	(Street)		nendment, Date Orig onth/Day/Year)	nal	6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting P	erson		
NEW YOR	RK, NY 10022				Form filed by M Person	fore than One R	eporting		
(City)	(State)	(Zip) Tal	ble I - Non-Derivati	ve Securities Acq	uired, Disposed of	, 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)	Transaction Disp	(A) or	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	12/18/2012			ын (D) Pho		I	By Welsh, Carson, Anderson & Stowe IX, L.P. (2)		
Common							By WCAS		

<u>J(1)</u>

<u>J(1)</u>

214,446

601

D (1)

A

<u>(1)</u>

2,221,694

1,432

I

D

Capital

Partners IV, L.P. (2)

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Common Stock

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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8)	5. DriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	<b>.</b>	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr	
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Donovan Michael C/O WELSH, CARSON, ANDERSON AND STOWE 320 PARK AVENUE, SUITE 2500 NEW YORK, NY 10022

X

# **Signatures**

/s/David Mintz, Attorney-in-Fact

\*\*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) In kind distribution of shares by Welsh, Carson, Anderson & Stowe IX, L.P. and WCAS Capital Partners IV, L.P. pro rata to their respective partners.
- (2) The Reporting Person is a managing member of the respective sole general partners of Welsh, Carson, Anderson & Stowe IX, L.P. and WCAS Capital Partners IV, L.P. Pursuant to Instruction (4)(b)(iv) of Form 4, the Reporting Person has elected to report as indirectly

Reporting Owners 2

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beneficially owned the entire number of securities beneficially owned by each such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein and/or that are not actually distributed to him.

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.