Edgar Filing: Tramuto Donato - Form 4

Tramuto Do	nato											
Form 4												
May 21, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
	UNITE	DSTATE		RITIES AND EXCHANGE COMMISSION				COMMISSION	OMB	3235-0287		
Check th	nis box		was	shington, D.C. 20549					Number:	January 31,		
if no longer				GES IN BENEFICIAL OWNERSHIP OF					Expires:	2005		
subject t	0		T CHAN	SECURITIES				Estimated average burden hours per response 0.5				
Section 1 Form 4 c				SECONITIES								
Form 5		oursuant to	Section 1	6(a) of th	e Securit	ies E	xchang	e Act of 1934,	165p0115e	0.5		
obligatio	ons Section 1						-		n			
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
1(b).	uetion				-	-						
(Print or Type)	Responses)											
1 Name and	Address of Demortin	na Donson *						5 Deletionship of	Donortino Dorr	an(a) to		
Tramuto Do	Address of Reportin			er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
Trainato De	Siluto		Symbol	Y HEALTH, INC. [TVTY]			ΓVI					
		AC1 11.)						(Check all applicable)				
(Last)	(First)	(Middle)		f Earliest Tr	ansaction			_X_ Director	100	Orrinor		
			onth/Day/Year) /18/2018			X Officer (give title Other (specify						
BOULEVARD			below)			below)	below) CEO					
						_						
(Street) 4. If Amer Filed(Mon			endment, Date Original				6. Individual or Joint/Group Filing(Check					
			ith/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
FRANKLIN	N, TN 37067							Form filed by M	Iore than One Re			
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D		emed	3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Yea	on Date, if Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5)				Securities	Form: Direct					
(Instr. 3)		any (Month/	/Day/Year)	Code (Instr. 8)	(instr. 5,	4 and	3)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		X						Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				a 1 b		or	D.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$,				
Stock	05/18/2018			F	611 <u>(1)</u>	D	ф 38.55	148,985	D			
STOCK							50.55					

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)

Edgar Filing: Tramuto Donato - Form 4

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
Tramuto Donato 701 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067	Х		CEO				
Signatures							
/s/ Mary Flipse, by power of attorney for Tramuto	,	05/21/2018					
**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) Reflects 611 shares withheld to cover the payment of taxes following the vesting of 1,551 restricted stock units granted on May 19, 2015.

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.