Edgar Filing: Ely James S. III - Form 4

| Ely James S. Form 4 May 02, 2019 | | | | | | | | | | | | |
|---|-----------------------------------|---------------------|------|--|--|-------|------------------|--|--|----------|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB AF OMB Number: | PROVAL 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFI SECURITIES Filed pursuant to Section 16(a) of the Securiti Section 17(a) of the Public Utility Holding Com 30(h) of the Investment Company | | | | | | | xchang Act of | e Act of 1934, 1935 or Section | Expires: Estimated a burden hou response n | | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| Ely James S. III Symbol | | | | er Name and Ticker or Trading T MEDICAL HOLDINGS [SEM] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last)(First)(Middle)3. Date of (Month/D)C/O SELECT MEDICAL04/30/20HOLDINGS CORPORATION, 471404/30/20GETTYSBURG ROAD04/30/20 | | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| MECHANIC | CSBURG, PA | 17055 | | | | | | Person | fore than One Re | porting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | ar) Executio any | | Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, Amount | spose | d 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) | | | |
| Common Stock | 04/30/2019 | | | A | 1,253 (1) | A | \$ 14.37 | 98,270 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 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 | | |

Reporting Owners

E

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S

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|----------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Ely James S. III C/O SELECT MEDICAL HOLDINGS CORPORATION 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Michael E. Tarvin, as attorney-in-fact 05/02/2019 | | | | | | | | |

Explanation of Responses:

**Signature of Reporting Person

- 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).

Date

This grant of restricted stock was issued to the reporting person pursuant to the Select Medical Holdings Corporation 2016 Equity (1) Incentive Plan in lieu of a quarterly retainer of \$18,000.

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.