#### HEALTHWAYS, INC Form 4

February 01, 2008

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 3235-0287

**OMB APPROVAL** 

Number: January 31, Expires:

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2005

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

01/30/2008

Stock

1. Name and A Wickens Jo	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHWAYS, INC [HWAY]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (	,	3. Date of Earliest Transaction			(Check all applicable)			
3841 GREEN HILLS VILLAGE DRIVE			(Month/Day/Year) 01/30/2008			_X_ Director Officer (give below)		Owner er (specify	
(Street) 4. If Amo			Amendment, Date Original				6. Individual or Joint/Group Filing(Check		
Filed(M NASHVILLE, TN 37215			(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed	3. Transactio	4. Securi on(A) or Di (Instr. 3,	ties A	cquired d of (D) 5)	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
Common	01/20/2008		D	500	٨	\$	1 100	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

P

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D

1,100

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

500

#### Edgar Filing: HEALTHWAYS, INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			ate	7. Title Amoun Under	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
	Derivative Security				Securities Acquired			(Instr.	3 and 4)		Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
					4, and 3)				Amount		
						Date Exercisable	Expiration Date	Title	or Number of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Vickens John A							

Wickens John A
3841 GREEN HILLS VILLAGE DRIVE X
NASHVILLE, TN 37215

## **Signatures**

/s/ Mary A. Chaput, by power of attorney for John A.
Wickens 02/01/2008

\*\*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).

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.

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