HEALTHWAYS, INC

Form 4

November 12, 2015

FORM 4

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

OMB APPROVAL OMB

Number:

3235-0287

Expires:

January 31, 2005

0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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)

1. Name and Address of Reporting Person * Laughlin Conan

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(First) (Middle) HEALTHWAYS, INC [HWAY]

3. Date of Earliest Transaction

(Month/Day/Year) 11/10/2015

(Check all applicable)

_X__ Director _X__ 10% Owner Officer (give title _ Other (specify below)

C/O NORTH TIDE CAPITAL, LLC, 500 BOYLSTON STREET, **SUITE 1860**

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Form filed by One Reporting Person _X_ Form filed by More than One Reporting

Person

BOSTON, MA 02116

(City)	(State)	(Zip) Tal	ble I - Non-	-Derivative	Secur	ities Acquire	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie or Disposed of (Instr. 3, 4)	f (D)	uired (A) or Price	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 Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$0.001 Par Value (1) (2)	11/10/2015		P	121,333		\$ 12.4991	3,966,333	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value (1) (2)	11/10/2015		P	8,667	A	\$ 12.4991	363,667	I	By Managed Accounts of North Tide Capital,

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								LLC (4)
Common Stock, \$0.001 Par Value (1) (2)	11/11/2015	P	72,800	A	\$ 12.4898	4,039,133	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value	11/11/2015	P	5,200	A	\$ 12.4898	368,867	I	By Managed Accounts of North Tide Capital, LLC (4)
Common Stock, \$0.001 Par Value (1) (2)	11/12/2015	P	1,307	A	\$ 12.3035	4,040,440	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value	11/12/2015	P	93	A	\$ 12.3035	368,960	I	By Managed Accounts of North Tide Capital, LLC (4)
Common Stock, \$0.001 Par Value (1) (2)	11/12/2015	P	40,133	A	\$ 12.474	4,080,573	I	By North Tide Capital Master, LP (3)
Common Stock, \$0.001 Par Value (1) (2)	11/12/2015	P	2,867	A	\$ 12.474	371,827	I	By Managed Accounts of North Tide Capital, LLC (4)
Common Stock, \$0.001 Par Value						6,203 (5)	D	

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

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SEC 1474

(9-02)

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displays a currently valid OMB control

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		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own 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					
Reporting Owner Name / Address		10% Owner	Officer	Other		
Laughlin Conan C/O NORTH TIDE CAPITAL, LLC 500 BOYLSTON STREET, SUITE 1860 BOSTON, MA 02116	X	X				
NORTH TIDE CAPITAL, LLC 500 BOYLSTON STREET SUITE 1860 BOSTON, MA 02116		X				
North Tide Capital Master, LP C/O NORTH TIDE CAPITAL, LLC 500 BOYLSTON STREET, SUITE 1860 BOSTON, MA 02116		X				

Signatures

By: /s/ Conan Laughlin	11/12/2015				
**Signature of Reporting Person	Date				
North Tide Capital, LLC; By: /s/ Conan Laughlin, Manager					
**Signature of Reporting Person	Date				
North Tide Capital Master, LP; By: North Tide Capital GP, LLC, its General Partner; By: /s/Conan Laughlin, Manager					
**Signature of Reporting Person	Date				

Reporting Owners 3

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).
- This Form 4 is filed jointly by North Tide Capital Master, LP (the "Master Fund"), North Tide Capital, LLC ("North Tide") and Conan Laughlin (collectively, the "Reporting Persons"). Each Reporting Person is a member of a reporting group that owns in the aggregate more than 10% of the Issuer's outstanding shares of Common Stock. As such, each Reporting Person may be deemed to beneficially own more than 10% of the Issuer's outstanding shares of Common Stock.
- Each Reporting Person disclaims beneficial ownership of the shares of Common Stock reported herein except to the extent of his or its pecuniary interest therein, and this report shall not be deemed to be an admission that any Reporting Person is the beneficial owner of such shares of Common Stock for purposes of Section 16 or for any other purpose.
- Shares of Common Stock beneficially owned by the Master Fund. North Tide, as the investment manager of the Master Fund, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by the Master Fund. Mr. Laughlin, as the Manager of North Tide, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by the Master Fund.
- (4) Shares held in an account managed by North Tide. Mr. Laughlin, as the Manager of North Tide, may be deemed to be the beneficial owner of the shares of Common Stock beneficially owned by North Tide.
- (5) Reflects restricted stock units that vest 25% per year beginning on 5/19/2016.

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.