Edgar Filing: Ely James S. III - Form 4

Ely James S. Form 4 May 02, 2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										PPROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHAN STATEMENT OF CHAN Filed pursuant to Section 1 Section 17(a) of the Public U				SECUR	ITIES Securiti	ies Ez	kchang	ge Act of 1934,	Expires: Estimated a burden hou response	rs per		
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestment (Compan	y Act	: of 194	40				
(Print or Type R	esponses)											
Ely James S. III Sy SI				2. Issuer Name and Ticker or Trading Symbol SELECT MEDICAL HOLDINGS CORP [SEM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D C/O SELECT MEDICAL 05/01/20 HOLDINGS CORPORATION, 4714 GETTYSBURG ROAD				-				X_ Director10% Owner Officer (give titleOther (specify below) below)				
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
MECHANIC	CSBURG, PA	17055						Person	viore than One Ke	eporung		
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Acc	quired, Disposed o	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executio any		3. Transactio Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of	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	05/01/2018			А	994 <u>(1)</u>	А	\$ 18.1	83,914	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

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Reporting Owner Name / Address	Relationships						
r - g	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 05/02/2018							

**Signature of Reporting Person

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).

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.