#### Edgar Filing: SELECT MEDICAL HOLDINGS CORP - Form 4

#### SELECT MEDICAL HOLDINGS CORP

Form 4 May 30, 2014

## FORM 4

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

Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

January 31, Expires: 2005 Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

3235-0287

**OMB** 

Number:

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Common

Stock

03/12/2014

(Print or Type Responses)

1. Name and Address of Reporting Person * Saich John A.			2. Issuer Name and Ticker or Trading Symbol SELECT MEDICAL HOLDINGS CORP [SEM]				-5	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
HOLDING	(Last) (First) (Middle) 3. Date of (Month/D) C/O SELECT MEDICAL 03/12/20 IOLDINGS CORPORATION, 4714 GETTYSBURG ROAD				•				Director 10% Owner Sofficer (give title Other (specify below)		
				mendment, Date Original Month/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 Person			
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Securi	ities Acqu	iired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Date, if	3. Transaction Code (Instr. 8)	4. Securit or(A) or Di (Instr. 3,	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/12/2014			M	30,141	A	\$ 3.33	226,178	D		
Common Stock	03/12/2014			M	6,000	A	\$ 8.33	232,178	D		

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

S

36,141 D

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

196,037

D

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

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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (right to buy)	\$ 3.33	03/12/2014		M	30,141	<u>(1)</u>	02/23/2015	Common Stock	30,141
Incentive Stock Option (right to buy)	\$ 8.33	03/12/2014		M	6,000	(2)	08/14/2017	Common Stock	6,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
. 9	Director	10% Owner	Officer	Other	
Saich John A. C/O SELECT MEDICAL HOLDINGS CORPORATION 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055			Executive Vice President		

# **Signatures**

/s/ Michael E. Tarvin, as attorney-in-fact 05/30/2014

\*\*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) The Incentive Stock Option vested in five equal annual installments which began on February 24, 2006. The option was fully exercisable as of February 24, 2010.

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(2) The Incentive Stock Option vested in five equal annual installments which began on August 15, 2008. The option was fully exercisable as of August 15, 2012.

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.