

HealthSouth Declares Dividend on Common Stock

PR Newswire
BIRMINGHAM, Ala.

BIRMINGHAM, Ala., Feb. 17, 2017 /PRNewswire/ -- HealthSouth Corporation (NYSE:HLS) today announced that its board of directors has declared a quarterly cash dividend on its common stock of \$0.24 per share, payable on April 17, 2017, to holders of record on April 3, 2017.

The Company's 2.0% Convertible Senior Subordinated Notes are convertible, at the option of the holder, at any time prior to the close of business on the business day immediately preceding December 1, 2043 into shares of common stock at a conversion rate of 26.9106 shares of common stock per \$1,000 principal and include antidilutive protection that provides for an increase in the number of shares of common stock issuable upon conversion resulting from common stock dividends after a *de minimis* threshold. The payment in April of a \$0.24 per share dividend on HealthSouth's common stock likely will trigger the antidilutive adjustment, notice of which will be provided to the holders of the notes.

About HealthSouth

HealthSouth is one of the nation's largest providers of post-acute healthcare services, offering both facility-based and home-based post-acute services in 35 states and Puerto Rico through its network of inpatient rehabilitation hospitals, home health agencies, and hospice agencies. HealthSouth can be found on the Web at www.healthsouth.com.

Forward-Looking Statements

Statements contained in this press release which are not historical facts, such as the dividend payment plans and related antidilution adjustment prospects, are forward-looking statements. In addition, HealthSouth, through its senior management, may from time to time make forward-looking public statements concerning the matters described herein. All such estimates, projections, and forward-looking information speak only as of the date hereof, and HealthSouth undertakes no duty to publicly update or revise such forward-looking information, whether as a result of new information, future events, or otherwise. Such forward-looking statements are necessarily estimates based upon current information, involve a number of risks and uncertainties, and relate to, among other things, future events, HealthSouth's business strategy, its future financial performance, and its projected business results or model. Actual events or results may differ materially from those anticipated in these forward-looking statements as a result of a variety of factors. While it is impossible to identify all such factors, factors which could cause actual events or results to differ materially from those estimated by HealthSouth include, but are not limited to, any adverse outcome of various lawsuits, claims, and legal or regulatory proceedings that may be brought by or against HealthSouth; the ability to successfully integrate acquisitions; changes in the regulation of the healthcare industry broadly or the inpatient rehabilitation, home health and hospice areas specifically at either or both of the federal and state levels; competitive pressures in the healthcare industry broadly or the inpatient rehabilitation, home health and hospice areas specifically and HealthSouth's response thereto; the ability to maintain proper local, state and federal licensing where the company does business; potential disruptions, breaches, or other incidents affecting the proper operation, availability, or security of HealthSouth's information systems, including the unauthorized access to or theft of patient or other sensitive information; changes, delays in (including in connection with resolution of Medicare payment reviews or appeals), or suspension of reimbursement for HealthSouth's services by governmental or private payors; general conditions in the economy and capital markets; and other factors which may be identified from time to time

in HealthSouth's SEC filings and other public announcements, including HealthSouth's Form 10-K for the year ended December 31, 2015 and Form 10-Q for the quarters ended March 31, 2016, June 30, 2016 and September 30, 2016.

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