HEALTHSOUTH CORP

Reported by

WORKMAN JOHN L

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/21/07 for the Period Ending 12/20/07

Address	ONE HEALTHSOUTH PKWY STE 224W BIRMINGHAM, AL 35243
Telephone	2059677116
CIK	0000785161
Symbol	HLS
SIC Code	8093 - Specialty Outpatient Facilities, Not Elsewhere Classified
Industry	Healthcare Facilities
Sector	Healthcare
Fiscal Year	12/31

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FORM 4

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *	2. Issuer Name **and** Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
Workman John L (Last) (First) (Middle)	**HEALTHSOUTH CORP [HLS]**	_____ Director _____ 10% Owner __ **X** __ Officer (give title below) _____ Other (specify below)
7054 NORTH HIGHFIELD DRIVE (Street)	3. Date of Earliest Transaction (MM/DD/YYYY) **12/20/2007**	**Chief Financial Officer**
BIRMINGHAM, AL 35242 (City) (State) (Zip)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) _ **X** _ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
HEALTHSOUTH Common Stock	**12/20/2007**		**A**		**5386** (1)	**A**	**$0**	**106025**	**D**	

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

(1) This Award will vest and cease to be restricted on September 20, 2010 (the "Vesting Date") only if (i) Mr. Workman is employed by HealthSouth Corporation (the "Company") on the Vesting Date and (ii) the closing price per share of the Company's common stock, par value $.01, is at or above $24.00 for any 20 consecutive days within the period beginning on the date of grant and ending on the Vesting Date. The recipient will immediately forfeit the Award if he ceases to be employed by the Company prior to the Vesting Date for any reason other than for death or disability; provided, however, that in the event his employment is terminated without Cause or he resigns for Good Reason (each as defined in the Company's Executive Severance Plan), then he will receive a pro-rated portion of the Award if the condition set forth in clause (ii) above is satisfied.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Workman John L **7054 NORTH HIGHFIELD DRIVE** **BIRMINGHAM, AL 35242**			**Chief Financial Officer**	

Signatures

John L. Workman	**12/21/2007**
** Signature of Reporting Person	Date

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

***** 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.

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.