Choueiri Peter

Form 3 January 27, 2012	2						
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB APPROVAL		
INITIAL STATEMENT OF 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(h) of the Investment Company Act of 1940					Number: Expires: Estimated a burden hour response n		
(Print or Type Respo	onses)						
1. Name and Addres Person <u>*</u> Choueiri Pete		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Syr HEALTHWAYS, INC [HWAY]			mbol	
(Last) (F	irst) (Middle)	01/18/2012				If Amendment, Date Original ed(Month/Day/Year)	
701 COOL SPR	INGS BLVD						
(St	rreet) ΓNÂ 37067		Director X Officer (give title below	all applicable) 10% ( Other v) (specify belo Healthways In	6. Inc Owner Filing (X_F (X_F (X_F)(	lividual or Join g(Check Applical orm filed by One n orm filed by Mor ting Person	ble Line) e Reporting
(City) (St	tate) (Zip)	Table I - N	lon-Derivat	ive Securiti	es Benefic	ially Owned	l
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benefi	icial
Restricted Stock	Units	50,000		D	Â		
Reminder: Report or owned directly or in	directly.	ch class of securities beneficion of	ially S	EC 1473 (7-02	)		
	information conta required to respo	ained in this form are not nd unless the form displ MB control number.					
Table	II - Derivative Secu	rities Beneficially Owned (e.	g., puts, calls,	warrants, opt	tions, conver	tible securities	)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership	
			(Instr. 4)		Price of	Derivative	(Instr. 5)	
	Date Exercisable	Expiration Date	Title	A	Derivative	Security:		
				Amount or Number of	Security	Direct (D)		
						or Indirect		

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				Shares		(I) (Instr. 5)	
Option to Buy	06/01/2012 <u>(1)</u>		Common Stock		\$ 15.83	D	Â
Option to Buy	01/18/2013(1)	01/18/2022	Common Stock	25,000	\$ 7.27	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director 10% Owner Officer		Other				
Choueiri Peter 701 COOL SPRINGS BLVD FRANKLIN, TN 37067	Â	Â	President, Healthways Intl	Â			
Signatures							
/s/ Alfred Lumsdaine, by powe Choueiri	er 01/27/2012						

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Options vest 25% per year beginning on this date.

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.

Date