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if no lo subject Section Form 4 Form 5 obligati may co	2017 M 4 UNITED this box nger to 16. or states Filed pu Section 17	MENT O	Wa F CHA Section Public U	ashington NGES IN SECU 16(a) of t	n, D.C. 2 N BENEI (RITIES) the Secur olding Co	0549 FICL ities	AL OWN Exchange 1y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	irs per	
1. Name and	Address of Reporting	Person *	2 Icen	ier Name a i	nd Ticker c	r Trad	ling	5. Relationship of l	Reporting Pers	son(s) to	
Perlin Jonathan B S			Symbol				mg	Issuer			
(Last)	(First)	(Middle)		of Earliest	_	-		(Check	all applicable	e)	
				(Month/Day/Year) 08/11/2017				Director 10% Owner XOfficer (give title Other (specify below) below) Pres-Clinical Services & CMO			
NASHVIL	(Street) LLE, TN 37203			nendment, l lonth/Day/Ye	-	ıal		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo Person	ne Reporting Pe	erson	
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	e Secu	rities Acq	uired, Disposed of,	or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3.	4. Securit oror Dispos (Instr. 3, 4	ies Ac ed of (equired (A) (D)	· • ·	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	08/11/2017			М	71,045	A	\$ 13.5339	85,956.6115	D		
Common Stock	08/11/2017			F	36,838	D	\$ 79.37	49,118.6115	D		
Common Stock								913	I	By 2011 GRAT, Reporting Person Trustee	
Common Stock								3,846	Ι	By 2012 GRAT,	

Reporting Person Trustee

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)

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 13.5339 <u>(1)</u>	08/11/2017		М	57,627	(2)	11/15/2017	Common Stock	57,6 (3
Non-Qualified Stock Option (right to buy)	\$ 13.5339 (1)	08/11/2017		М	13,418	(4)	11/15/2017	Common Stock	13,4 (3

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Perlin Jonathan B ONE PARK PLAZA NASHVILLE, TN 37203			Pres-Clinical Services & CMO				
Signatures							
/s/ Natalie Harrison Cline, Attorney-in-Fact		08/15/2017					
**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).

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- (1) Exercise Price was adjusted to reflect a 4.505 to 1 stock split that occurred with respect to the Issuer's common stock effective March 9, 2011.
- (2) The option vested in equal increments at the end of fiscal years 2007, 2008 and 2009 based upon the achievement of certain annual EBITDA performance targets.
- (3) Shares have been adjusted to reflect a 4.505 to 1 stock split that occurred with respect to the Issuer's common stock effective March 9, 2011.
- (4) The option vested in two equal annual installments beginning on November 15, 2008.

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.