Edgar Filing: Trier Clayton - Form 4

Trier Clayton

Trier Claytor Form 4	1									
August 20, 2	018									
FORM A								OMB AF	PROVAL	
		RITIES AND EXCHANGE COMMISSION shington, D.C. 20549			OMB Number:	3235-0287				
Check thi if no long				0.U.D.		Expires:	January 31, 2005			
subject to Section 16. Form 4 or				ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES			Estimated average burden hours per			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Form 5 obligations Mage Continue. See Instruction Form 5 See Instruction See Ins								0.0		
(Print or Type Responses)										
Trier Clayton Symbol U S PH			ymbol	HYSICAL THERAPY INC			5. Relationship of Reporting Person(s) to Issuer			
			S PHYSICAL NV [USPH]				(Check all applicable)			
(Month/D			Date of Earliest Tr /onth/Day/Year) 8/17/2018	Day/Year)			X Director Officer (give t below)			
(Street) 4. If Ame Filed(Mor			If Amendment, Da	nendment, Date Original Ionth/Day/Year)			6. Individual or Joint/Group Filing(Check			
			led(Month/Day/Year				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
HOUSTON	, TX 77027						Person		porting	
(City)	(State) (Zip)	Table I - Non-D	erivative S	Securitie	es Acqu	iired, Disposed of	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		ate, if Transaction Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
C			Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock	08/17/2018		S	1,250	D ^{\$} 1	15.5	12,250 <u>(1)</u>	D		

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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amour Underl Securit (Instr. 1	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
Trier Clayton								
2904 MID LANE	Х							
HOUSTON, TX 77027								
Signatures								
/s/ Clayton Trier	08/20/2018							
<u>**</u> Signature of	Date							

<u>**</u>Signature of Reporting Person

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) Includes 1,500 shares of common stock which was granted as restricted stock pursuant to the Company's Amended and Restated 2003 Stock Incentive Plan. Restrictions will lapse on the 500 shares on each of October 1, 2018, January 1, 2019 and April 1, 2019.

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.