HUMANA INC Form 4 February 22, 2016

### FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * MARGULIS HEIDI S |            |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer   |  |  |
|--|------------|----------|--|--|--|--|
|  |            |          | HUMANA INC [HUM]                                   | (Check all applicable)   |  |  |
| (Last)   | (First)    | (Middle) | 3. Date of Earliest Transaction                    |  |  |  |
|  |            |          | (Month/Day/Year)                                   | Director 10% Owner   |  |  |
| HUMANA INC<br>STREET                                       | C., 500 WE | ST MAIN  | 02/18/2016   | X Officer (give title Other (specified below)  Senior V.PCorporate Affairs                           |  |  |
|  | (Street)   |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check  |  |  |
| LOUISVILLE,  | KY 40202   |          | Filed(Month/Day/Year)                              | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |

| (City)                               | (State)                                 | (Zip) Tab   | le I - Non-                             | Derivativ    | e Secu           | rities Acqui  | red, Disposed of,  | or Beneficiall                            | y Owned   |
|--------------------------------------|---|---|---|--------------|------------------|---------------|--|---|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) |              | sed of           | ` ′           | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                      |   |   | Code V                                  | Amount       | (A)<br>or<br>(D) | Price         | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   | (I)<br>(Instr. 4)                         |   |
| Humana<br>Common                     | 02/20/2016                              |   | M                                       | 6,363<br>(9) | A                | \$ 0          | 18,382   | D   |   |
| Humana<br>Common                     | 02/20/2016                              |   | F                                       | 2,254        | D                | \$<br>166.345 | 16,128   | 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.

SEC 1474

(9-02)

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## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |        | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                     | 7. Title and Amount<br>Underlying Securitie<br>(Instr. 3 and 4) |                  |                              |
|---|---|--------------------------------------|---|---|--------|--|---------------------|---|------------------|------------------------------|
|   |   |                                      |   | Code V  | (A)    | (D)  | Date<br>Exercisable | Expiration<br>Date  | Title            | Amou<br>or<br>Numb<br>of Sha |
| Options (1)   | \$ 72.84  |                                      |   |   |        |  | <u>(1)</u>          | 02/20/2020  | Humana<br>Common | 1,93                         |
| Options (2)   | \$ 102.155  |                                      |   |   |        |  | (2)                 | 02/18/2021  | Humana<br>Common | 7,26                         |
| Options (3)   | \$ 164.645  |                                      |   |   |        |  | <u>(3)</u>          | 02/24/2022  | Humana<br>Common | 14,9                         |
| Options (4)   | \$ 167.805  | 02/18/2016                           |   | A   | 14,764 |  | <u>(4)</u>          | 02/18/2023  | Humana<br>Common | 14,70                        |
| Restricted<br>Stock<br>Units (5)                    | <u>(5)</u>  | 02/20/2016                           |   | M   |        | 1,544  | <u>(6)</u>          | <u>(6)</u>  | Humana<br>Common | 1,54                         |
| Restricted<br>Stock<br>Units (5)                    | <u>(5)</u>  |                                      |   |   |        |  | <u>(7)</u>          | <u>(7)</u>  | Humana<br>Common | 1,59                         |
| Restricted<br>Stock<br>Units (5)                    | <u>(5)</u>  | 02/18/2016                           |   | A   | 3,278  |  | (8)                 | (8)   | Humana<br>Common | 3,27                         |

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

MARGULIS HEIDI S HUMANA INC. 500 WEST MAIN STREET LOUISVILLE, KY 40202

Senior V.P. -Corporate Affairs

## **Signatures**

Heidi S. 02/22/2016 Margulis

\*\*Signature of Date Reporting Person

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#### **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) Right to buy pursuant to Humana Inc.'s 2003 Stock Incentive Plan. Incentive and Non-Qualified stock options granted to reporting person on 02/20/13, vesting in three increments from 02/20/14 to 02/20/16.
- (2) Right to buy pursuant to Humana Inc.'s 2011 Stock Incentive Plan. Incentive and Non-Qualified stock options granted to reporting person on 02/18/14, vesting in three increments from 02/18/15 to 02/18/17.
- (3) Right to buy pursuant to Humana Inc.'s 2011 Stock Incentive Plan. Incentive and Non-Qualified stock options granted to reporting person on 02/24/15, vesting in three increments from 02/24/16 to 02/24/18.
- (4) Right to buy pursuant to Company's 2011 Stock Incentive Plan. Incentive and Non-Qualified stock options granted to reporting person on 02/18/16, vesting in three increments from 02/18/17 to 02/18/19.
- (5) Right to receive one share per restricted stock unit pursuant to the Company's 2011 Stock Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of Humana Inc. common stock, exempt under Rule 16b-3(d)(1) & (3).
- (6) Restricted stock units granted to reporting person on 2/20/13, 100% of the award is vesting on 2/20/16.
- (7) Restricted stock units granted to reporting person on 2/18/14, 100% of the award is vesting on 2/18/17.
- (8) Restricted stock units granted to reporting person on 02/18/16, 33% of the award is vesting on 12/15/16, 12/15/17, and 12/15/18.
- (9) Includes both time and performance-based restricted stock units that vested on 2/20/2016.

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.