Bucaria Michelle Form 4 March 12, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

OMB APPROVAL

OMB 3235-0287 Number:

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(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Bucaria Michelle

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last) (First) (Middle) Teladoc Health, Inc. [TDOC] 3. Date of Earliest Transaction

(Check all applicable) Director 10% Owner

C/O TELADOC HEALTH, INC., 2 MANHATTANVILLE ROAD. **SUITE 203**

(State)

03/08/2019

(Month/Day/Year)

Other (specify X_ Officer (give title below)

Chief Human Resources Officer

(Street)

(Zip)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

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

PURCHASE, NY 10577

(City)

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1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A		Reported Transaction(s)		
			Code V	O Amount (I		(Instr. 3 and 4)		
Common Stock	03/08/2019		M	1,987 A	(1)	1,987	D	
Common Stock	03/08/2019		F	799 <u>(2)</u> D	\$ 58.51	1,188	D	
Common Stock	03/11/2019		M	2,649 A	\$ 37.75	3,837	D	

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

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(9-02)

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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 conf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	(1)	03/08/2019		M	1,987	(3)	(3)	Common Stock	1,989
Employee Stock Option (right to buy)	\$ 37.75	03/11/2019		M	2,649	<u>(4)</u>	02/20/2028	Common Stock	2,649

Reporting Owners

Reporting Owner Name / Address			- · · · · ·	
	Director	10% Owner	Officer	Other

Bucaria Michelle C/O TELADOC HEALTH, INC. 2 MANHATTANVILLE ROAD, SUITE 203 PURCHASE, NY 10577

Chief Human Resources Officer

Relationships

Signatures

/s/ Adam C. Vandervoort, attorney-in-fact

03/12/2019

**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).
- (1) Restricted stock units convert to shares of TDOC common stock on a one-for-one basis.
- (2) Shares sold to cover the issuer's withholding obligation in respect of reporting person's award.

(3)

Reporting Owners 2

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On February 20, 2018, the reporting person was granted 5,960 restricted stock units, vesting in three equal annual installments beginning on the first anniversary of the grant date.

(4) The option vested as to 25% of the shares on February 20, 2019. The remainder of the shares vest in 36 equal monthly installments thereafter

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.