Levy Lewis Form 4 October 16, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

Teladoc Health, Inc. [TDOC]

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Levy Lewis

Symbol

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner

C/O TELADOC HEALTH, INC., 2 MANHATTANVILLE ROAD.

(Street)

(State)

10/15/2018

(Middle)

(Zip)

X_ Officer (give title Other (specify below)

Chief Medical Officer

6. Individual or Joint/Group Filing(Check

SUITE 203

(City)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

Person

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

PURCHASE, NY 10577

		1401	Table 1 Non Delivative Securities Required, Disposed of, or Denemary Owned								
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ities A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Form: Direct	Indirect			
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial		
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
					(4)		Reported				
					(A)		Transaction(s)				
			G 1 17		or	ъ.	(Instr. 3 and 4)				
			Code V	Amount	(D)	Price					
Common	10/15/2018		M	1,285	A	\$	1,285	D			
Stock	10/13/2016		1V1	1,203	A	35.45	1,203	D			
Common	10/15/2018		S	1,285	D	¢ 67	0	D			
Stock	10/13/2018		S	(1)	ט	\$ 67	U	ט			
Stock	10/13/2010		S	(1)		ΨΟΊ	· ·	D			

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

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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 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. Transacti Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day)	ate	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
Employee Stock Option (right to buy)	\$ 35.45	10/15/2018		M	1,285	(2)	07/14/2027	Common Stock	1,285

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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

Chief Medical Officer

Signatures

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

10/16/2018

**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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan that was adopted by the reporting person on June 14, 2018.
- (2) The option vests as to 25% of the shares on July 14, 2018. 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.

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