Edgar Filing: MCCALLISTER MICHAEL B - Form 4/A

MCCALLIS Form 4/A May 15, 20	STER MICHAE	LB									
FORM	Λ4				~~~ .			OMB AF	PROVAL		
		CURITIES AND EXCHANGE CO Washington, D.C. 20549			DMMISSION	OMB Number:	3235-0287				
Check the check	aar								January 31, 2005		
subject section	to STATE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 Filed pursuant to Section 16(a) of the Securities Exch						vehange	response 0.				
obligatio	ons Section 1		Public Utility Ho			•		L			
may cor <i>See</i> Inst 1(b).	itinue.		of the Investmen	•	· ·	•					
(Print or Type	Responses)										
1. Name and A	Symbol	ol			5. Relationship of Reporting Person(s) to Issuer						
				HUMANA INC [HUM] 3. Date of Earliest Transaction			(Check all applicable)				
(Last) HUMANA STREET	(First)	(Middle)	(Month/Day/Year) 05/09/2013	Transaction		_	_X Director Officer (give t pelow)	itle 10% below)	Owner or (specify		
STREET	(Streat)		4 If A Jun and I		.1	,	· T. J	-t/Carrow Eilin	-(01 1		
			4. If Amendment, I Filed(Month/Day/Ye	Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)			
05/13/2			05/13/2013			_	_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
LOUISVIL	LLE, KY 40202						Form filed by Mic Person	ore than One Re	porting		
(City)	(State)	(Zip)	Table I - Non-	-Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any	Date, if Transacti Code ay/Year) (Instr. 8)	oror Dispos (Instr. 3, 4	ed of (4 and 5 (A) or	())	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(D)	Price			See		
Humana Common	05/09/2013		S	65,000	D (1)	\$ 77.7205	56,650	Ι	Footnote		

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	Date Exercisable and piration Date onth/Day/Year)		le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCCALLISTER MICHAEL B HUMANA INC. 500 WEST MAIN STREET LOUISVILLE, KY 40202	Х						
Signatures							
/s/ Michael B. McCallister	05/15/201	3					
<u>**</u> Signature of Reporting	Date						

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). **
- This transaction was erroneously reported as an acquisition (instead of a disposition) in Column 4 of Table I on the reporting person's original Form 4 filed May 13, 2013. Therefore, Column 4 of Table I has been amended so that the code "D" is used rather than the code (1) "A."
- (2) Shares held in gift trust with reporting person's spouse as trustee.

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.