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LECHLEITER RICHARD A

Form 4

September 10, 2012

| september i | 0, 2012 | | | | | | | | | | | | |
|--|--|-----------------|--|----------------|------------|---|--|-------------------------------------|--|--|--|-----------|--|
| FORM | 1 1 | | | | | OMB APPROVAL ND EXCHANGE COMMISSION OMB | | | | | | | |
| | | ITIES hingto | OMB Number: | 3235 | -0287 | | | | | | | | |
| if no long subject to Section 1 Form 4 of Form 5 obligation may cont | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | Estimated burden hou response | Estimated average burden hours per response | | | | |
| (Print or Type F | Responses) | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * LECHLEITER RICHARD A | | | 2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 680 SOUTH | (First) (M | fiddle) EET | 3. Date of (Month/D 09/07/20 | ay/Year) | | nsaction | | | DirectorX_ Officer (gives below) Execution | | % Owner ner (specify FO | 7 | |
| LOTHEVILL | (Street) | | 4. If Amer Filed(Mon | | | original | | | 6. Individual or J Applicable Line) _X_ Form filed by Form filed by | _ | erson | | |
| LOUISVILI | LE, KY 40202 | | | | | | | | Person | | 1 6 | | |
| (City) | (State) | (Zip) | Table | e I - Non | -De | rivative (| Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owne | ed | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | med on Date, if Day/Year) | Code (Instr. 8 | 3) | 4. Securi Acquired Disposed (Instr. 3, | l (A) o l of (D 4 and (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 Indirect Benefici Ownersh (Instr. 4) | al nip | |
| Common | 00/07/0010 | | | | x 7 | 100 | ъ | Φ.Ω | 126 770 | Ъ | | | |

V 400

D

\$0

136,779

2,000

D

Ι

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

09/07/2012

Stock

Common

Stock

Persons who respond to the collection of information contained in this form are not required to respond unless the form

SEC 1474

(9-02)

By wife as UTMA

custodian

for his children

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. orNumber | 6. Date Exerc Expiration D | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|--------------------|---|-------------------------------|--------------------|--|--|---|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ e | | Underlying Securities (Instr. 3 and 4) | | Security Security (Instr. 5) Bo O Fo Ro | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LECHLEITER RICHARD A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202

Executive VP and CFO

Signatures

Richard A. 09/10/2012 Lechleiter

**Signature of Date 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).

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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