Edgar Filing: RIEDMAN M SUZANNE - Form 4

RIEDMAN N Form 4 March 27, 20											
FORM	Δ									PPROVAL	
	UNITED	STATES		ITIES Al hington,			IGE C	COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANG				SES IN BENEFICIAL OWN				Estimated average		
Section 16		SECURITIES							burden hours per		
Form 4 or Form 5		quant to S	Santian 16	S(a) of the	Soouriti		ahana	a A at of 1024	response	0.5	
obligation	^s Section 170						•	e Act of 1934, f 1935 or Section	n		
may conti <i>See</i> Instru 1(b).	nue.			vestment (. .						
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> RIEDMAN M SUZANNE			2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(T)		6 1 11 \						D .	100	0	
(Mo			3. Date of Earliest Transaction (Month/Day/Year) 03/26/2012					Director 10% Owner X Officer (give title Other (specify below) below) General Counsel			
					0 · · · 1						
	(Street)			ndment, Dat th/Day/Year)	e Original			6. Individual or Jo Applicable Line)	oint/Group Filir	ig(Check	
LOUISVILLE, KY 40202				ill/Day/Teal)				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	n Date, if	3. Transactio Code (Instr. 8) Code V	n(A) or Dis (D)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	03/26/2012			А	10,140 (1)	A	\$0	56,041	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.

 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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	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					
RIEDMAN M SUZANNE 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			General Counsel						
Signatures									
M. Suzanne	7/2012								

03/27/2012
03/2//2012

<u>**</u>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) These shares represent restricted stock granted to the reporting person. These shares vest in equal annual installments over four years commencing on 3/26/13.

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.