## Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations	JNITED STATES STATEMENT O Filed pursuant to S ection 17(a) of the	Washingto F CHANGES II SECU Section 16(a) of	n, D.C. 20 N BENEF JRITIES the Securit olding Con	549 ICIA ies Ex npany	L OWN	NERSHIP OF e Act of 1934, 1935 or Sectior	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type Responses	5)								
KUNTZ EDWARD L Symbol			er Name <b>and</b> Ticker or Trading RED HEALTHCARE, INC			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First 680 SOUTH FOUR	, , , , ,	3. Date of Earliest (Month/Day/Year) 05/21/2005				X Director X Officer (give below) Execu		Owner r (specify	
			endment, Date Original onth/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City) (Stat				~ .			-		
1.Title of 2. Trans	action Date 2A. Deer /Day/Year) Executio any (Month/I	med 3.	4. Securit etior(A) or Di (Instr. 3,	(A) (D) (C) (C) (C)	quired of (D)	uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 175,773	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	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**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
KUNTZ EDWARD L 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202	Х		Executive Chairman					
Signatures								
Edward L. 05/2 Kuntz	3/2005							

<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).

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.