Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED HI Form 4 July 25, 2005	EALTHCARE, IN	IC								
FORM Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	box r STATEME Filed pursu fuue.	ENT OF CHAN ant to Section 1	shington, GES IN I SECUR 6(a) of the tility Hold	D.C. 209 BENEFI ITIES e Securiti ling Com	549 CIA ies E	L OWN xchange Act of	ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	-	
KUNTZ EDWARD L Symbol			er Name and Ticker or Trading RED HEALTHCARE, INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			of Earliest Transaction Day/Year) 2005				X Director 10% Owner X Officer (give title Other (specify below) below) Executive Chairman			
LOUISVILLI	endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(State) (Z	ip) Tab i	le I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficiall	y Owned	
Security ((Instr. 3)	a (2A. Deemed Execution Date, if ny Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3, 4 Amount	(A) (D)	of (D)	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)	
Stock	07/22/2005		F	10,550	D	\$ 8 .31	111,707	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	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						
Topological Company and Company	Director	10% Owner	Officer	Other			
KUNTZ EDWARD L 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202	Х		Executive Chairman				
Signatures							
Edward L. 07/25/ Kuntz	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.