### LECHLEITER RICHARD A

Form 4

September 21, 2009

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

2005

0.5

January 31, Expires:

**OMB APPROVAL** 

Estimated average

burden hours per

response...

subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

if no longer

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person _	2. Issuer Name and Tic
LECHLEITER RICHARD A	Symbol
	KINDRED HEALT

(Middle)

CHCARE, INC

cker or Trading

[KND] 3. Date of Earliest Transaction

(Month/Day/Year) 09/18/2009

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner \_X\_\_ Officer (give title \_ Other (specify below) Executive VP and CFO

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

### LOUISVILLE, KY 40202

(First)

(Street)

680 SOUTH FOURTH STREET

(City)	(State)	(Zip) Tab	le I - Non-	Derivativ	e Secu	rities Acqui	red, Disposed of,	or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securionor Dispo (Instr. 3,	sed of	` ′	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount		Price	(Instr. 3 and 4)		
Common Stock	09/18/2009		S	600	D	\$ 16.9715	81,000	D	
Common Stock	09/18/2009		S	400	D	\$ 16.97	80,600	D	
Common Stock	09/18/2009		S	500	D	\$ 17.013	80,100	D	
Common Stock	09/18/2009		S	1,100	D	\$ 17	79,000	D	
Common Stock	09/18/2009		S	200	D	\$ 17.01	78,800	D	

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Common Stock	09/18/2009	S	100	D	\$ 17.02	78,700	D
Common Stock	09/18/2009	S	100	D	\$ 16.9815	78,600	D
Common Stock	09/18/2009	S	2,000	D	\$ 16.99	76,600	D
Common Stock	09/18/2009	S	500	D	\$ 17.0015	76,100	D
Common Stock	09/18/2009	S	500		\$ 16.9908		D
Common Stock	09/18/2009	S	500	D	\$ 16.993		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.

SEC 1474 (9-02)

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)	3A. Deemed Execution Date, if		5. onNumber	6. Date Exerc Expiration D	ate	7. Title a	of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	_	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								A	mount		
						ъ.	F	O	r		
								n Title Num	lumber		
						Exercisable	Date	0	f		
				Code V	(A) (D)			S	hares		

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# **Reporting Owners**

Reporting Owner Name / Address			Keiationsnips	
	Director	10% Owner	Officer	Other

LECHLEITER RICHARD A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202

Executive VP and CFO

Reporting Owners 2

## **Signatures**

Richard A. 09/21/2009 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.

Signatures 3