Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED I Form 4 April 17, 20	HEALTHCARE	, INC								
FORM									OMB AF	PROVAL
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or			F CHAN	IGES IN SECUR		CIA	L OWN	NERSHIP OF	Expires: January 3 20 Estimated average burden hours per response 0	
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the	Public U		ding Com	ipany	Act of	e Act of 1934, 1935 or Sectior 0		0.0
(Print or Type I	Responses)									
1. Name and Address of Reporting Person _2. IssueBOWEN LANE MSymbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer		
			KINDR [KND]	ED HEA	LTHCAF	RE, II	NC	(Check	k all applicable)
(Last) 680 SOUTH	(First) I FOURTH STF	(Middle) REET	3. Date of (Month/E 04/16/2	-	ransaction			Director X Officer (give below) Exec VI		Owner r (specify Piv
			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
LOUISVIL	LE, KY 40202							Form filed by M Person		
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned
1.Title of Security2. Transaction Date2A. Deemed(Instr. 3)(Month/Day/Year)Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(1150. 4)	
Common Stock	04/16/2014			D	15,353	D	\$0	73,487	D	
Common Stock	04/16/2014			F	8,280	D	\$ 24.25	65,207	D	

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

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 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)		ate	Amou Unde Secur	le and unt of rlying rities . 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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
L O	Director	10% Owner	Officer	Other			
BOWEN LANE M 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			Exec VP & Pres, NC Div				
Signatures							

Lane M. Bowen	04/16/2014			
<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.