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

KINDRED HEALTHCARE, INC Form 4 May 19, 2014			
	S SECURITIES AND EXCHAN Washington, D.C. 20549		OMB APPROVAL OMB 3235-0287 Number: January 31,
Subject to Section 16. Form 4 or Form 5 obligations may continue Filed pursuant to Section 17(a) of the	DF CHANGES IN BENEFICIAL SECURITIES Section 16(a) of the Securities Ex Public Utility Holding Company ) of the Investment Company Act	change Act of 1934, Act of 1935 or Section	Expires: 2005 Estimated average burden hours per response 0.5
(Print or Type Responses)			
1. Name and Address of Reporting Person <u>*</u> Breier Benjamin A	2. Issuer Name <b>and</b> Ticker or Trading Symbol KINDRED HEALTHCARE, IN [KND]	Issuer	eporting Person(s) to all applicable)
(Last) (First) (Middle) 680 SOUTH FOURTH STREET	3. Date of Earliest Transaction (Month/Day/Year) 05/16/2014	Director X Officer (give ti below) Preside	tle 10% Owner below) ent and COO
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One	
LOUISVILLE, KY 40202		Person	re than One Reporting
(City) (State) (Zip)	Table I - Non-Derivative Securit	ies Acquired, Disposed of, o	or Beneficially Owned
(Instr. 3) any (Month	emed 3. 4. Securities Ac on Date, if Transaction(A) or Disposed Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5 (A) or Code V Amount (D)	of Securities For Beneficially (I 5) Owned In Following (I Reported Transaction(s) Price (Instr. 3 and 4)	Ownership7. Nature of Indirectorm: DirectIndirectD) orBeneficial odirect (I)ownership Instr. 4)(Instr. 4)
Common 05/16/2014 Stock	F 4,905 D	\$ 468,948 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. Transactic Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 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**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Breier Benjamin A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			President and COO	
Signatures				

Benjamin A. Breier	05/19/2014			
	03/19/2014			

<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.