## Edgar Filing: Bird Christopher M. - Form 4

Bird Christop Form 4											
February 07,	ГЛ								OMB AF	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or	Ger <b>STATEN</b> 6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:January 3: 200Estimated average burden hours per response0.	
Form 5 obligation may cont <i>See</i> Instru 1(b).	<sup>18</sup> Section 170 action	(a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Bird Christopher M.			2. Issuer Name <b>and</b> Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND]					5. Relationship of Reporting Person(s) to Issuer			
	(Check all applicable)										
(Last) 680 SOUTH	3. Date of Earliest Transaction (Month/Day/Year) 02/06/2011					Director 10% Owner X Officer (give title Other (specify below) below) President, Peoplefirst Rehab					
				ndment, Da hth/Day/Year	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LOUISVILI	LE, KY 40202							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V		or	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	02/06/2011			А	4,929 (1)	А	\$0	22,485	D		
Common Stock	02/06/2011			F	1,670	D	\$ 19.22	20,815	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.

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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	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Bird Christopher M. 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			President, Peoplefirst Rehab					
Signatures								

Christopher M. Bird 02/07/2011 \*\*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).

(1) These shares represent common stock granted to the reporting person in satisfaction of vested Performance Units.

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.