#### ALTMAN WILLIAM M

Form 4 June 15, 2011

## FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \* ALTMAN WILLIAM M

(First)

2. Issuer Name and Ticker or Trading Symbol

3. Date of Earliest Transaction

(Month/Day/Year)

KINDRED HEALTHCARE, INC [KND]

(Middle)

680 SOUTH FOURTH STREET 06/14/2011

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

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner X\_ Officer (give title Other (specify below)

Sr. V.P. of Strategy

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

(City)	(State)	(Zip) <b>Tabl</b>	le I - Non-D	<b>D</b> erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or		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	06/14/2011		S	300	D	\$ 22.28	40,514	D	
Common Stock	06/14/2011		S	800	D	\$ 22.29	39,714	D	
Common Stock	06/14/2011		S	1,700	D	\$ 22.3	38,014	D	
Common Stock	06/14/2011		S	700	D	\$ 22.31	37,314	D	
Common Stock	06/14/2011		S	1,300	D	\$ 22.32	36,014	D	

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Common Stock	06/14/2011	S	400	D	\$ 22.33	35,614	D
Common Stock	06/14/2011	S	100	D	\$ 22.34	35,514	D
Common Stock	06/14/2011	S	300	D	\$ 22.36	35,214	D
Common Stock	06/14/2011	S	200	D	\$ 22.37	35,014	D
Common Stock	06/14/2011	S	100	D	\$ 22.38	34,914	D
Common Stock	06/14/2011	S	300	D	\$ 22.39	34,614	D
Common Stock	06/14/2011	S	2,800	D	\$ 22.4	31,814	D
Common Stock	06/14/2011	S	400	D	\$ 22.41	31,414	D
Common Stock	06/14/2011	S	1,200	D	\$ 22.42	30,214	D
Common Stock	06/14/2011	S	1,591	D	\$ 22.43	28,623	D
Common Stock	06/14/2011	S	400	D	\$ 22.44	28,223	D
Common Stock	06/14/2011	S	600	D	\$ 22.45	27,623	D
Common Stock	06/14/2011	S	400	D	\$ 22.47	27,223	D
Common Stock	06/14/2011	S	100	D	\$ 22.48	27,123	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	re	Securities	(Instr. 5)	Bene
	Derivative				Securities	S	(Instr. 3 and 4)		Own
	Security				Acquired				Follo
					(A) or				Repo

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Disposed of (D) (Instr. 3, 4, and 5)

Code V (A) (D) Date Expiration Title Amount

Exercisable Date

Number of Shares

Trans

(Insti

# **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director ALTMAN WILLIAM M Sr. V.P. 680 SOUTH FOURTH STREET of Strategy

**Signatures** 

LOUISVILLE, KY 40202

William M. 06/15/2011 Altman

Date \*\*Signature of Reporting Person

# **Explanation of Responses:**

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.

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Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).