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ALTMAN V	VILLIAM M										
Form 4											
February 21.	, 2012										
FORM	4 UNITED	STATES					NGE C	COMMISSION	OMB	PROVAL 3235-0287	
Check th	is box		Was	shington,	D.C. 20	549			Number:	January 31	
if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to 5			S CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange					Estimated burden ho response.		2005 average urs per	
obligatio may cont <i>See</i> Instr 1(b).	tinue. Section 17			ility Hold vestment				1935 or Section 0	1		
(Print or Type]	Responses)										
J			2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 680 SOUTH FOURTH STREET			3. Date of Earliest Transaction (Month/Day/Year) 02/16/2012					Director 10% Owner Officer (give title Other (specify below) Sr. V.P. of Strategy			
				nendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
LOUISVIL	LE, KY 40202							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Month/Day/Year) 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)				
Common				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)			
Stock	02/16/2012			F	641	D	۹ 11.99	26,482	D		
Common Stock	02/17/2012			F	1,131	D	\$ 11.78	25,351	D		
Common Stock	02/19/2012			F	256	D	\$ 11.78	25,095	D		

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

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number.

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Ad	dress	Relationships						
	Director	10% Owner	Officer	Other				
ALTMAN WILLIAM M 680 SOUTH FOURTH STR LOUISVILLE, KY 40202	EET		Sr. V.P. of Strategy					
Signatures								
William M. Altman	02/20/2012							

<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.