Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED F Form 4 July 27, 2000	HEALTHCARE, INC					
FORM	1 /	S SECURITIES AND EXCHANGE (OMB APPROVAL			
Check the	is box	Washington, D.C. 20549	Number:			
if no long	ger STATEMENT	DF CHANGES IN BENEFICIAL OW	Expires: January 3			
subject to Section 1 Form 4 o	6.	SECURITIES	Estimated average burden hours per	0.5		
Form 5 obligation may cont <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section $17(a)$ of the	Section 16(a) of the Securities Exchang Public Utility Holding Company Act of a) of the Investment Company Act of 194	e Act of 1934, f 1935 or Section			
(Print or Type I	Responses)					
	ddress of Reporting Person <u>*</u> ER RICHARD A	2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC	5. Relationship of Reporting Person(s) to Issuer			
		[KND]	(Check all applicable)			
(Last) 680 SOUTH	(First) (Middle) I FOURTH STREET	3. Date of Earliest Transaction (Month/Day/Year) 07/26/2006	Director 10% Owner X_Officer (give title Other (specify below) Executive VP and CFO			
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LOUISVILI	LE, KY 40202		Form filed by More than One Reporting Person			
(City)	(State) (Zip)	Table I - Non-Derivative Securities Acc	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	any	emed 3. 4. Securities Acquired ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficial BeneficialOwnedIndirect (I)Ownership Following (Instr. 4)Reported Transaction(s) (Instr. 3 and 4)(Instr. 4)			
Common Stock	07/26/2006	F 1,297 D \$ 26.31	85,580 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.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	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		
LECHLEITER RICHARD A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202				Executive VP and CFO			
Signatures							
Richard A. Lechleiter	07/27	/2006					
<u>**</u> Signature of Reporting Person	Dat	e					

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.