INVACARE CORP
Form 4
July 19, 2005

|  |  | OMB APPROVAL |  |
| :---: | :---: | :---: | :---: |
|  | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | OMB <br> Number: | 3235 |
| Check this box if no longer subject to |  | Expires: |  |
| subject to Section 16. | SECURITIES | Estimated | verage |
| Form 4 or |  | respons |  |
| Form 5 obligations may continue. | 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 |  |  |
| See Instruction 1(b) | 30(h) of the Investment Company Act of 1940 |  |  |

(Print or Type Responses)

| 1. Name and Address of Reporting Person * |  |
| :--- | :--- |
| RICHEY JOSEPH B II | 2. Issuer Name and Ticker or Trading <br> Symbol |
|  | (First) <br> INVACARE CORP [IVC] |
| (Middle) | 3. Date of Earliest Transaction <br> (Month/Day/Year) |
| ONE INVACARE WAY | 07/18/2005 |
|  |  |
| (Street) | 4. If Amendment, Date Original |
|  | Filed(Month/Day/Year) |

ELYRIA, OH 44035
5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

6. Individual or Joint/Group Filing(Check

Applicable Line)
_X_ Form filed by One Reporting Person
__ Form filed by More than One Reporting
Person


Remainder
Unitrust
Class B
Common $16,000 \quad$ I IRA
Shares

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)


## Reporting Owners

## Reporting Owner Name / Address

## Relationships

Director $10 \%$ Owner Officer Other
RICHEY JOSEPH B II
ONE INVACARE WAY
X
Senior Vice President
ELYRIA, OH 44035

## Signatures

/s/ Joseph B. Richey II, by Kristofer K. Spreen, his attorney-in-fact pursuant to Power of Attorney, dated August 24, 2004, on file with the Commission.

## Edgar Filing: INVACARE CORP - Form 4

## 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. $78 \mathrm{ff}(\mathrm{a})$.
(1) Owned by Trustee for the Invacare Retirement Savings Plan. The information given is based on a Plan Statement of December 31, 2004, the most recent information reasonably available.

The reporting person holds previously reported options to buy 225,400 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 1994 Performance Plan and the Invacare Corporation 2003 Performance Plan, granted in reliance upon the
(2) exemption provided by Rule 16b-3. All options were granted between February 26, 1996 and August 24, 2004, at exercise prices between $\$ 18.6875$ to $\$ 44.30$ per share, will expire between February 26, 2006 and August 24, 2014 and became or will become exercisable between March 31, 1997 and September 30, 2008.
(3) 1-for-1
(4) Upon cessation of employment in accordance with the terms and conditions of the Invacare Corporation 401(k) Plus Benefit Equalization Plan.
(5) Owned by Trustee for the Invacare Corporation $401(\mathrm{k})$ Plus Equalization Plan. Includes phantom stock acquired by the reporting person through a dividend reinvestment plan meeting the requirments of Rule 16a-11.
(6) Upon cessation of employment in accordance with the terms and conditions of the Invacare Corporation Deferred Compensation Plus Plan.
(7) Owned by Trustee for the Invacare Corporation Deferred Compensation Plus Plan. Includes phantom stock acquired by the reporting person through a dividend reinvestment plan meeting the requirments of Rule 16a-11.
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.

