Edgar Filing: INVACARE CORP - Form 4

INVACARE	CORP											
Form 4												
August 05, 2	009											
FORM	14								OMB AF	PROVAL		
	UNITED	STATES SE		TIES Al ington,]			NGE C	OMMISSION	OMB Number:	3235-0287		
Check thi if no long									Expires:	January 31,		
subject to	to STATEMENT OF CHANGES IN BENEF.						LOW	NERSHIP OF	Estimated average			
Section 1	6.	SECURITIES								burden hours per		
Form 4 or Form 5		~			~ .				response	0.5		
obligation	n						-	e Act of 1934,				
may cont See Instru 1(b).	inue. Section 17(a	a) of the Pub 30(h) of t		•	•	· ·		1935 or Sectior 0	1			
(Print or Type F	Responses)											
HEALY BERNADINE Symbol				Tame and '			ng	5. Relationship of Reporting Person(s) to Issuer				
INVAC				RECOR	PIVC	J		(Check all applicable)				
(Last)	(First) (M			arliest Tra	nsaction							
ONE INVA	CARE WAY		lonth/Day 3/03/200					X Director Officer (give t below)		Owner er (specify		
(Street) 4. If Ame				ment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
	ed(Month	/Day/Year)				Applicable Line)						
ELYRIA, O	H 44035							_X_ Form filed by O Form filed by M Person				
(City)	(State)	(Zip)	Table l	l - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if 7 C Year) (Fransaction	(Instr. 3,	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Shares	08/03/2009			М	2,480	A	\$ 16.03	13,363	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)

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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. Transact Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	7 ((A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 16.03	08/03/2009		М			2,480	12/31/1999	08/03/2009	Common Shares	2,480
Stock Option (Right to Buy)	<u>(1)</u>							<u>(1)</u>	<u>(1)</u>	Common Shares	48,526

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
HEALY BERNADINE ONE INVACARE WAY ELYRIA, OH 44035	Х				
Olara aturra a					

Signatures

/s/ Dr. Bernadine Healy, MD, by Kristofer K. Spreen, her attorney-in-fact, pursuant to Power	08/05/2009
of Attorney, dated February 12, 2009, on file with the Commission.	08/03/2009

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) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.

**Signature of Reporting Person

The reporting person holds previously reported options to buy 48,526 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted

(2) between November 16, 1999 and August 20, 2008, at an exercise price between \$16.3125 and \$47.01 per share, will expire between November 16, 2009 and August 20, 2018 and became or will become exercisable between December 31, 2000 and September 30, 2012. The current balance reflects the expiration of 1,000 options on March 2, 2009.

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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