APRIA HEALTHCARE GROUP INC

Form 4

November 15, 2006

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

10% Owner

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * KARKENNY CHRIS A.

2. Issuer Name and Ticker or Trading

Issuer

Symbol

APRIA HEALTHCARE GROUP

(Check all applicable)

5. Relationship of Reporting Person(s) to

INC [AHG]

(Middle) 3. Date of Earliest Transaction

Other (specify X_ Officer (give title below)

(Month/Day/Year) 11/13/2006

Executive Vice President & CFO

C/O APRIA HEALTHCARE, 26220 **ENTERPRISE COURT**

(Street)

(State)

(First)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Director

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

LAKE FOREST, CA 92630

(City) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

5. Amount of Securities Beneficially Owned (I) Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

Reported (A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

3. Transaction Date 3A. Deemed 1. Title of 5. Number of 6. Date Exercisable and Expiration 7. Title and Am Derivative (Month/Day/Year) Execution Date, if TransactionDerivative Date Underlying Sec Conversion

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4	1)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A N S
Employee Stock Option (Right to Buy) (1)	\$ 24	11/13/2006		A	300,000 (1)	11/13/2007(1)	11/12/2016	Common Stock	3
Restricted Stock Units (2)	\$ 0	11/13/2006		A	30,000 (2)	11/13/2007(2)	11/13/2009(2)	Common Stock	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

KARKENNY CHRIS A. C/O APRIA HEALTHCARE 26220 ENTERPRISE COURT LAKE FOREST, CA 92630

Executive Vice President & CFO

Signatures

Chris A. Karkenny by Raoul Smyth, Attorney-In-Fact

11/15/2006

**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).
- (1) This option was granted under the issuer's 2003 Performance Incentive Plan and vests in three equal 100,000 share installments on November 13, 2007, November 13, 2008 and November 13, 2009.
- The restricted stock units were granted under the issuer's 2003 Performance Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. This grant vests in three 10,000 share installments on November 13, 2007, November 13, 2008 and November 13, 2009. Each installment will be paid in shares of the Issuer's common stock on the applicable vesting date.

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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