#### LECHLEITER RICHARD A

Form 4 May 07, 2013

#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

Check this box

**SECURITIES** 

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)

(Print or Type Responses)

1. Name and Address of Reporting Person \* LECHLEITER RICHARD A

(First)

680 SOUTH FOURTH STREET

2. Issuer Name and Ticker or Trading

Symbol

KINDRED HEALTHCARE, INC

[KND] 3. Date of Earliest Transaction

> (Month/Day/Year) 05/06/2013

(Street)

(Middle)

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Director 10% Owner \_X\_\_ Officer (give title Other (specify below)

Executive VP and CFO

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

LOUISVILLE, KY 40202

(City)	(State)	(Zip) Tab	le I - Non-	Derivativ	e Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securionor Dispo (Instr. 3,	esed of 4 and (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/06/2013		S	1,000	D	\$ 11.47	103,090	D	
Common Stock	05/06/2013		S	1,000	D	\$ 11.4929	102,090	D	
Common Stock	05/06/2013		S	1,000	D	\$ 11.4932	101,090	D	
Common Stock	05/06/2013		S	1,000	D	\$ 11.4999	100,090	D	
Common Stock	05/06/2013		S	1,000	D	\$ 11.5083	99,090	D	

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Common Stock	05/06/2013	S	1,000	D	\$ 11.4937	98,090	D
Common Stock	05/06/2013	S	1,000	D	\$ 11.4933	97,090	D
Common Stock	05/06/2013	S	2,000	D	\$ 11.489	95,090	D
Common Stock	05/06/2013	S	1,000	D	\$ 11.481	94,090	D

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctionNumber	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) Derivativ	ve .		Secur	rities	(Instr. 5)
	Derivative				Securitie	S		(Instr.	. 3 and 4)	
	Security				Acquired	1				
					(A) or					
					Disposed	l				
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
									of	
				Code	V (A) (D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Keiationsnips					
	Director	10% Owner	Officer			

LECHLEITER RICHARD A 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202

Executive VP and CFO

Other

## **Signatures**

Richard A. 05/07/2013 Lechleiter

\*\*Signature of Date

Reporting Person

2 Reporting Owners

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## **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.