

Miller Gregory C
Form 3
January 03, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Miller Gregory C		(Month/Day/Year)	KINDRED HEALTHCARE, INC [KND]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
680 SOUTH FOURTH STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Sr. V.P., Development	
LOUISVILLE,Â KYÂ 40202			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	16,603	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (Right to Buy) ⁽¹⁾	03/05/2005 ⁽²⁾	03/05/2014	Common Stock	16,000	\$ 29.72	D	Â
Employee Stock Option (Right to Buy) ⁽¹⁾	07/26/2005 ⁽³⁾	07/26/2014	Common Stock	4,896	\$ 23.89	D	Â
Employee Stock Option (Right to Buy) ⁽¹⁾	12/14/2005 ⁽⁴⁾	12/14/2014	Common Stock	5,000	\$ 26.8	D	Â
Employee Stock Option (Right to Buy) ⁽¹⁾	12/14/2005 ⁽⁴⁾	04/27/2012	Common Stock	4,000	\$ 31.09	D	Â
Employee Stock Option (Right to Buy) ⁽¹⁾	12/14/2005 ⁽⁴⁾	08/10/2012	Common Stock	10,000	\$ 31.14	D	Â
Employee Stock Option (Right to Buy) ⁽¹⁾	12/14/2006 ⁽⁵⁾	12/14/2012	Common Stock	13,000	\$ 26.48	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Miller Gregory C 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202	Â	Â	Â Sr. V.P., Development	Â

Signatures

Gregory C. Miller 01/03/2006

⁽¹⁾Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 pursuant to Kindred Healthcare, Inc. 2001 Amended and Restated Stock Incentive Plan.
- (2) This option is exercisable in the following cumulative installments: 4,000 on 3/5/05 and 12,000 on 12/14/05.
- (3) This option is exercisable in cumulative equal annual installments over three years commencing on 7/26/05.
- (4) This option is fully vested on 12/14/05.
- (5) This option is exercisable in cumulative equal annual installments over four years commencing on 12/14/06.

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.