Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED F Form 4 July 25, 2000	HEALTHCARE, INC									
FORM	1 4							OMB AF	PROVAL	
	UNITEDSTR	TES SECURITI Washin				NGE C	COMMISSION	OMB Number:	3235-0287	
Check the if no long	aer.		~ ~ ~ ~ ~ ~					Expires:	January 31, 2005	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or						Estimated average burden hours per response 0.5				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a) of inue.	t to Section 16(a) the Public Utility 0(h) of the Invest	y Hold	ling Con	npany	y Act of	1935 or Section		0.0	
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> BOWEN LANE M		Symbol	KINDRED HEALTHCARE, INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 680 SOUTH	(First) (Middl I FOURTH STREET		Year)	ansaction			Director X_ Officer (give below) Exec VI		Owner er (specify Div	
	(Street)	4. If Amendm Filed(Month/D			1		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson	
LOUISVILI	LE, KY 40202						Person			
(City)	(State) (Zip)	Table I -	Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	an	ecution Date, if Tra Co onth/Day/Year) (In	ode astr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ispose	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 Stock	07/22/2006	F	7	2,090	D	\$ 26.04	54,575	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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 5	Director	10% Owner	Officer	Other			
BOWEN LANE M			Exec VP	i -			
680 SOUTH FOURTH STREET			& Pres,				
LOUISVILLE, KY 40202			HS Div				
0:							

Signatures

Lane M. Bowen	07/24/2006
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Date

<u>**</u>Signature of Reporting Person

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.