#### Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED F Form 4 July 27, 2000	HEALTHCARE, INC	-				
FORM	Л			OMB APPROVAL		
	UNITED STAT	ES SECURITIES AND EXCHANGE ( Washington, D.C. 20549	COMMISSION	OMB 3235-0287 Number:		
Check the if no long	ter			Expires: January 31, 2005		
subject to Section 16. Form 4 or				Estimated average burden hours per response 0.8		
Form 5 obligation may cont <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section $17(a)$ of th	o Section 16(a) of the Securities Exchang e Public Utility Holding Company Act o n) of the Investment Company Act of 194	f 1935 or Section			
(Print or Type I	Responses)					
	address of Reporting Person <u>*</u> RANO FRANK J	2. Issuer Name <b>and</b> Ticker or Trading Symbol KINDRED HEALTHCARE, INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		[KND]	(Check	an applicable)		
(Last) 680 SOUTH	(First) (Middle) I FOURTH STREET	3. Date of Earliest Transaction (Month/Day/Year) 07/26/2006	Director X_Officer (give ti below) Exec VP &	itle Other (specify below) Pres, Hospital Div		
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by On			
LOUISVILI	LE, KY 40202		Form filed by Mo Person	ore than One Reporting		
(City)	(State) (Zip)	Table I - Non-Derivative Securities Acc	uired, Disposed of,	or Beneficially Owned		
1.Title of Security (Instr. 3)	any		5. Amount of 6 Securities 1 Beneficially ( Owned 1	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
Common Stock	07/26/2006	F 1,287 D \$ 26.31	103,736 <u>(1)</u>	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 tities . 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**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
BATTAFARANO FRANK J 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			Exec VP & Pres, Hospital Div			

# Signatures

Frank J.	
Battafarano	07/27/2006

<u>\*\*</u>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 reporting person also indirectly owns fifty shares of common stock held jointly with his mother.

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.