## Edgar Filing: RENAL CARE GROUP INC - Form 4

RENAL CA Form 4 June 13, 200	ARE GROUP INC								
FORM	ЛЛ		GEGU						PPROVAL
Check the	his box	STATES		RITIES A			COMMISSIO	N OMB Number: Expires:	3235-0287 January 31,
if no lor subject Section Form 4	to <b>SIAIEN</b> 16.	AENT OI	F CHAN	NGES IN SECUI		ICIAL O	WNERSHIP OF	Estimated burden hou response	urs per
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17(	(a) of the l	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940		
(Print or Type	Responses)								
	Address of Reporting AY STEPHEN D		Symbol	er Name <b>an</b> L CARE (		Trading	5. Relationship Issuer		
(Last)	(First) (I	Middle)		of Earliest T			(Che	eck all applicabl	e)
12007 HAI	DDINGTON COU	JRT	(Month/) 06/09/2	Day/Year) 2005			X_ Director Officer (giv below)		% Owner her (specify
	(Street)			endment, D onth/Day/Yea	-	1	6. Individual or Applicable Line) _X_ Form filed by	One Reporting P	erson
FORT WA	YNE, IN 46804						Person	More than One R	eporung
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	or (D) Price	(Instr. 3 and 4)		
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly	or indirectly.		
					inforn requir	nation cont ed to resp ys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab	le II - Deriv	vative Sec	curities Aco	uired, Dis	posed of, or	Beneficially Owned	d	

(*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(I

	Derivative Security				(A) or Disposed (D) (Instr. 3, and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 46.36	06/09/2005	А		8,437		12/09/2005	06/09/2015	Common Stock	8,437

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MCMURRAY STEPHEN D 12007 HADDINGTON COURT FORT WAYNE, IN 46804	Х					
Signatures						
Stephen D. McMurray, M.D.	06/10/20	05				
<u>**</u> Signature of Reporting Person	Date					

\*\*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.