## Edgar Filing: CHAPMAN RICHARD E - Form 4

CHAPMAN Form 4 March 21, 20	RICHARD E										
FORM	4 UNITE	D STATES					NGE C	OMMISSION	OMB	PROVAL 3235-0287	
Check this box				Vashington, D.C. 20549 ANGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	RSHIP OF RSHIP of Estimated av burden hours		
Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed p ns Section 1	7(a) of the		lity Hold	ling Con	npany	Act of	e Act of 1934, 71935 or Section 0	response	0.5	
(Print or Type R	Responses)										
CHAPMAN RICHARD E Sy K			Symbol	KINDRED HEALTHCARE, INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mon			(Month/Da	B. Date of Earliest Transaction Month/Day/Year) 03/20/2011				Director      10% Owner        XOfficer (give title      Other (specify below)         below)       below)         Exec VP & Chief Admin			
				nendment, Date Original Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
LOUISVILI	LE, KY 40202							Form filed by M 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)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactio Code (Instr. 8) Code V	(Instr. 3,	(A) or	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)	Indirect Beneficial	
Common Stock	03/20/2011			F	362	D	\$ 22.94	59,207	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 Own 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 / Addres	s	Relationships						
I B	Director	10% Owner	Officer	Other				
CHAPMAN RICHARD E	Exec VP							
680 SOUTH FOURTH STREET	& Chief							
LOUISVILLE, KY 40202	Admin							
Signatures								
Richard E. 03/2 Chapman	1/2011							

<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).

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.