Edgar Filing: BOWEN LANE M - Form 4

Form 4	INE M										
February 19,	2013										
FORM 4 UNITED STATES SECURITIES							COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287		
Check thi if no long	er STATE	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								January 31, 2005	
subject to Section 1 Form 4 or		SECUR					Estimated average burden hours per response				
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	7(a) of the	Public Ut		ling Cor	npan	y Act of	e Act of 1934, 1935 or Section 0			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> BOWEN LANE M			2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC					5. Relationship of Reporting Person(s) to Issuer			
			[KND]	ED HEAI	LIHCA	KE, I	NC	(Checl	k all applicable)	
(Month/				of Earliest Transaction Day/Year) 2013				Director 10% Owner X Officer (give title Other (specify below) Exec VP & Pres, NC Div			
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LOUISVILI	LE, KY 40202							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any		3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common					Amount		Price \$	(Instr. 3 and 4)			
Stock	02/16/2013			F	1,463	D	ф 11.58	112,680	D		
Common Stock	02/17/2013			F	2,554	D	\$ 11.58	110,126	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address				
1 0	Director	10% Owner	Officer	Other
BOWEN LANE M 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			Exec VP & Pres, NC Div	
Signatures				

Lane M. Bowen	02/18/2013
<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.