INVACAI Form 5	RE CORP								
February 1	10, 2005								
FOR	M 5							APPROVAL	
	UN	NITED STATES	SECURITIES A			COMMISSION	Number:	3235-0362	
	this box if ger subject		Washington,	D.C. 2054	9		Expires:	January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Section 17(a) of the Reported			TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESEstimated average burden hours per responseo Section 16(a) of the Securities Exchange Act of 1934, e Public Utility Holding Company Act of 1935 or Section h) of the Investment Company Act of 1940						
Transac Reporte	ctions			•••					
1. Name and Address of Reporting Person <u>*</u> HARRIS C MARTIN		2. Issuer Name <b>and</b> Ticker or Trading Symbol INVACARE CORP [IVC]			5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004			(Check all applicable) <u>X</u> Director <u>10%</u> Owner Officer (give title Other (specify below) <u>below</u> )			
ONE INV	ACARE W					,	,		
	(Street)	)	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Reporting (check applicable line)			
ELYRIA,	, OH 44(	)35				_X_ Form Filed by Form Filed by Person	One Reporting More than One		
(City)	(State)	(Zip)	Table I - Non-D	Perivative Sec	urities Acq	uired, Disposed o	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transact (Month/Da	ion Date 2A. Deem y/Year) Execution any (Month/Da	Date, if Transaction Code	Disposed o (Instr. 3, 4	A) or of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			ctly. containe the form vative Securities Acq	d in this for displays a c uired, Dispos	m are not currently v ed of, or Be		oond unless ol number.	SEC 2270 (9-02)	
		(e.g.,	puts, calls, warrants	, options, con	vertible sec	urities)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	<ul> <li>3A. Deemed</li> <li>Execution Date, if</li> <li>any</li> <li>(Month/Day/Year)</li> </ul>	4. Transaction Code	5. Number of Derivative	6. Date Exercisa Expiration Date (Month/Day/Yea	Und	itle and Amount of erlying Securities tr. 3 and 4)	

(Month/Day/Year) (Instr. 8)

Derivative

Securities

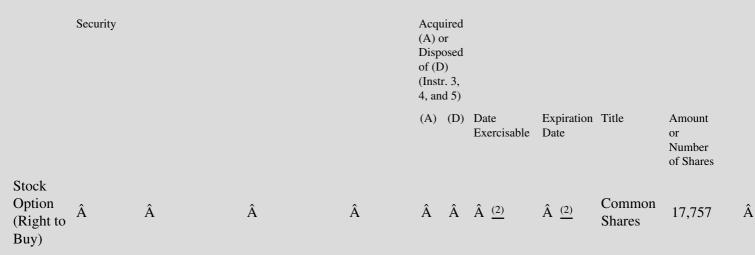
(Instr. 3)

Price of

Derivative

8. Pric Deriva Securi (Instr.

## Edgar Filing: INVACARE CORP - Form 5



## **Reporting Owners**

<b>Reporting Owner Name / Add</b>	lress	Relationships					
L O	Director	10% Owner	Officer	Other			
HARRIS C MARTIN ONE INVACARE WAY ELYRIA, OH 44035	ÂX	Â	Â	Â			
Signatures							
/s/ C. Martin Harris	02/04/2005						
<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) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.

The reporting person holds previously reported options to buy 17,757 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 1994 Performance Plan and the Invacare Corporation 2003 Performance Plan, granted in reliance upon the

(2) exemption provided by Rule 16b-3. All options were granted between February 5, 2003 and December 30, 2004, at exercise prices between \$22.68 to \$44.42 per share, will expire between February 5, 2013 and December 30, 2014 and became or will become exercisable between December 31, 2003 and February 15, 2009.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.