Edgar Filing: INVACARE CORP - Form 4

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Form 4											
November 17 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin See Instruct	4 UNITED S box s ^{box} STATEM 5. Filed purs s _{nue.} Section 17(a	Washing CHANGES SE ection 16(a) ublic Utility	URITIES AND EXCHANGE COMN ashington, D.C. 20549 ANGES IN BENEFICIAL OWNERS SECURITIES 16(a) of the Securities Exchange Act Utility Holding Company Act of 1935 Investment Company Act of 1940					OMB Number: Expires: Estimated a burden hour response			
1(b). (Print or Type R	esponses)										
LaPlaca Anthony S			2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]				ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2015			(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>10%</u> Other (specify below) Sr. VP and General Counsel					
				endment, Date Original nth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
ELYRIA, OI		(Zip)						Form filed by M Person			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed 3. Date, if Tra Coc ay/Year) (Ins	nsactio le str. 8)	4. Securin n(A) or Di (Instr. 3, Amount	ties Ad sposed	cquired d of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Shares	11/15/2015		F		488 <u>(1)</u>	D	\$ 18.28	26,684	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)

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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)		Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price o Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	(2)					(3)	(3)	Common Shares	86,700	

Reporting Owners

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
LaPlaca Anthony ONE INVACARE WAY ELYRIA, OH 44035							
Signatures							
/s/ Anthony C. LaPlaca, by Kristofer K. Spreen, his attorney-in-fact pursuant to Power of Attorney, dated December 30, 2008, on file with the Commission							

**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).
- (1) The surrender of these shares is for tax withholding purposes in conjunction with the vesting of restricted shares held by the reporting person.
- (2) 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 86,700 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted

(3) Invacate Corporation 2005 refrontance 1 an, granted in refrance upon the exemption provided by Rule 105-5. An options were granted between October 27, 2008 and March 18, 2013, at exercise prices between \$13.37 and \$25.24 per share, will expire between October 27, 2018 and March 18, 2023, and became or will become exercisable between September 30, 2009 and March 31, 2017.

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.

Date