## Edgar Filing: INVACARE CORP - Form 5

NVACARE Form 5	CORP									
February 13,	2017									
FORM	5							OMB A	PPROVAL	
		TATES SECU				GE CO	OMMISSION	OMB Number:	3235-0362	
Check this no longer s		W	ashington, D	.C. 2054	9			Expires:	January 31	
to Section Form 4 or 1 5 obligation may contin <i>See</i> Instruc 1(b).	16. ANN Form ANN ue. tion Filed purs Idings Section 17(a	OWNE uant to Section ) of the Public U	<b>EMENT OF CHANGES IN BENEFICIAL</b> <b>WNERSHIP OF SECURITIES</b> tion 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Section the Investment Company Act of 1940					Estimated a burden hou response	rs per	
	ddress of Reporting F ER SUSAN H	Symbol	r Name <b>and</b> Tick CARE CORP		ing		5. Relationship of Issuer			
(Last)	(First) (M	(Month/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016				(Check all applicable) X_ Director 10% Owner Officer (give title Other (specify			
ONE INVA	CARE WAY						below)	below)		
	(Street)		nendment, Date ( onth/Day/Year)	Original			6. Individual or Jo	oint/Group Rep k applicable line	-	
	011						(Chee		)	
ELYRIA, (	OHA 44035						_X_ Form Filed by Form Filed by I Person	One Reporting P More than One R		
(City)	(State) (	Zip) Ta	ble I - Non-Deri	vative Sec	uritie	s Acqu	uired, Disposed of	f, or Beneficial	lly Owned	
(Instr. 3) any		Execution Date, in	on Date, if Transaction Code		ties l (A) c l of (E 4 and (A) or	))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	(D)	Price	(Instr. 3 and 4)			
Common Shares	Â	Â	Â	Â	Â	Â	2,839 <u>(1)</u>	D	Â	
	ort on a separate line i icially owned directly		contained in	n this for	m are	e not re	llection of info equired to resp alid OMB contro	ond unless	SEC 2270 (9-02	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Amount of	Derivative	of

1

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Security	or Exercise	any	Code	of	(Month/Day/	Year)	Under	rlying	Security D
(Instr. 3)	Price of	(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5) Se
	Derivative			Securities			(Instr	. 3 and 4)	В
	Security			Acquired					0
				(A) or					E
				Disposed					Is
				of (D)					Fi
				(Instr. 3,					(I
				4, and 5)					
				(A) (D)	Date	Expiration	Title	Amount	
				() (-)	Exercisable	Date		or	
								Number	
								of	
								Shares	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships			
1 8		10% Owner	Officer	Other	
ALEXANDER SUSAN H ONE INVACARE WAY ELYRIA, OH 44035	ÂX	Â	Â	Â	
Signatures					

/s/ Susan H. Alexander, by Kristofer K. Spreen, her attorney-in-fact, pursuant to Power of Attorney, dated November 28, 2016, on file with the Commission					
<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) The total number of common shares represents restricted stock units issued pursuant to the Invacare Corporation 2013 Equity Compensation Plan. These restricted stock units vest in full on February 20, 2018.

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.