Childers Dean J. Form 4 March 20, 2018

## FORM 4

### **OMB APPROVAL**

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

Form 5 obligations may continue. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and A Childers De	g Person *	Symbol		Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)	· ·				Check all applicable)			
ONE INVA		(Month/D 03/16/2	•		Director 10% Owner _X_ Officer (give title Other (specify below)  SVP & GM, North America					
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person					
ELYRIA, OH 44035						Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of	2. Transaction Da	ite 2A. Deei	med	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	r) Executio	n Date, if	Transacti	onAcquired (A) or	Securities	Form: Direct	Indirect		

(Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial any (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Month/Day/Year) Following (Instr. 4) (Instr. 4)

> Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Common 5,202 03/16/2018 Α A \$0 50,077 D (1) **Shares** 

By Invacare Common Retirement 462.18 I **Shares** Savings Plan

(2)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable	Date		Number		
				C-1- V	(A) (D)				of		
				Code v	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

Childers Dean J. ONE INVACARE WAY ELYRIA, OH 44035

SVP & GM, North America

### **Signatures**

/s/ Dean J. Childers, by Kristofer K. Spreen, his attorney-in-fact, pursuant to Power of Attorney, dated August 24, 2015, on file with the Commission

03/20/2018

Date

\*\*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).
- Restricted shares granted pursuant to the Invacare Corporation 2013 Equity Compensation Plan in an exempt transaction under Rule (1) 16b-3. These shares vest in 1/3 annual increments over three years commencing on May 15, 2019.
- Owned by the Trustee for the Invacare Retirement Savings Plan. The information given is based on a Plan Statement of December 31, 2017, the most recent information reasonably available.

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.

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