Edgar Filing: APRIA HEALTHCARE GROUP INC - Form 4

APRIA HEA Form 4	ALTHCARE GRO	OUP INC								
April 18, 2007 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). April 18, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Number:3235-0287Number:January 31Expires:2005Estimated averageburden hours perresponse0.5				
(Print or Type]	Responses)									
MASTROVICH LAWRENCE A S			2. Issuer Name and Ticker or Trading Symbol APRIA HEALTHCARE GROUP INC [AHG`]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (1 A HEALTHCARE C, 26220 ENTER	(M E 04	Date of Earliest ' Ionth/Day/Year) I/16/2007	Transaction			Director X Officer (give below) Presid		Owner er (specify	
	(Street)		If Amendment, I led(Month/Day/Ye	-			6. Individual or Jos Applicable Line) _X_ Form filed by O			
LAKE FOR	REST, CA 92630						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non	-Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed 3. 4. Securities Acc (Month/Day/Year) Execution Date, if any Code (Instr. 3, 4 and 5 (Month/Day/Year) (Instr. 8) (A) or (A) o		Î of (D) 5)	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 Indirect Beneficial Ownership (Instr. 4)				
Common Stock	04/16/2007		Code $M_{(1)}$	V Amount 300	(D) A	Price \$ 24.18	60,483 <u>(2)</u>	D		
Common Stock	04/16/2007		S <u>(3)</u>	300	D	\$ 34.25	60,183 <u>(2)</u>	D		
Common Stock	04/17/2007		M <u>(1)</u>	49,700	A	\$ 24.18	109,883 <u>(2)</u>	D		
Common Stock	04/17/2007		S <u>(3)</u>	49,700	D	\$ 34.25	60,183 <u>(2)</u>	D		

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy) (1)	\$ 24.18	04/16/2007		М	300	04/04/2003 <u>(1)</u>	04/03/2012	Common Stock	300
Employee Stock Option (Right to Buy) (1)	\$ 24.18	04/17/2007		М	49,700	04/04/2003 <u>(1)</u>	04/03/2012	Common Stock	49,7

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MASTROVICH LAWRENCE A C/O APRIA HEALTHCARE GROUP INC 26220 ENTERPRISE COURT LAKE FOREST, CA 92630			President and C.O.O.				
Signatures							
Lawrence A. Mastrovich by Robert S. Holcon Attorney-In-Fact	mbe,		04/18/2007				
**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) Exercise of employee stock options granted under the Issuer's Amended and Restated 1992 Stock Incentive Plan, which vested in three installments and became fully vested on April 3, 2005.
- (2) Includes 40,000 restricted shares subject to vesting.
- (3) Sale made under terms of Reporting person's Rule 10b5-1 Trading Plan entered into on March 7, 2007.

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.