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KINDRED I Form 4 June 29, 201	HEALTHCARE,	INC									
FORM	14								OMB A	PPROVAL	
		SECURITIES AND EXCHANGE C Washington, D.C. 20549					OMB Number:	3235-0287			
Check th if no long					1.0117		Expires:	January 31, 2005			
subject to Section 1 Form 4 o	F CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Estimated a burden hou	average			
Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						e Act of 1934,	response	0.5		
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type I	Responses)										
T 1 T 1 T 1			2. Issuer Symbol	Name and	Ticker or	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer			
KINDR [KND]				RED HEALTHCARE, INC				(Check all applicable)			
(Last)	(First) (M	Middle)						Director	10% Owner		
				10000000000000000000000000000000000000				X Officer (give title Other (specify below) below) SVP & Chief Accounting Officer			
			mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
LOUISVILLE, KY 40202								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)		(Zip)					_	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		(A)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	06/29/2016			S	1,200	D	\$ 11.38	34,130	D		
Common Stock	06/29/2016			S	2,536	D	\$ 11.39	31,594	D		
Common Stock	06/29/2016			S	605	D	\$ 11.4	30,989	D		

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

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number.

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. 5. TransactionNumber Code of (Instr. 8) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amor Unde Secur	tle and unt of erlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Repor	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reportin	ng Owner Nan	ne / Address		Rela	ationships						

Officer

Lucchese John Joseph 680 SOUTH FOURTH STREET	SVP & Chief Accounting Officer
LOUISVILLE, KY 40202	

10% Owner

Director

Signatures

**Signature of

Reporting Person

John J. Lucchese 06/29/2016

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

Other