Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED HEALTHCARE, INC Form 4 July 26, 2005								
Check this box if no longer STATEMENT O	S SECURITIES AND EXCHANGE C Washington, D.C. 20549 F CHANGES IN BENEFICIAL OW	Number: 3235-0287 Number: January 31, Expires: 2005						
subject to Section 16.STATEMENT OF CHARGES IN DEREFICIAL OWNERSHIP OF Estimated average burden hours per responseForm 4 or Form 5 obligations may continue.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 1940Estimated average burden hours per response								
(Print or Type Responses)								
1. Name and Address of Reporting Person <u>*</u> RIEDMAN M SUZANNE	2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 680 SOUTH FOURTH STREET	3. Date of Earliest Transaction(Month/Day/Year)07/22/2005	Director 10% Owner X Officer (give title Other (specify below) below) Sr. VP and General Counsel						
(Street) LOUISVILLE, KY 40202	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)	Table I - Non-Derivative Securities Aco	uired, Disposed of, or Beneficially Owned						
(Instr. 3) any	-	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) or Indirect (I)Beneficial OwnershipOwned Following Transaction(s) (Instr. 3 and 4)(Instr. 4)						
Common 07/22/2005 Stock	F 1,859 D \$ 38.31	17,732 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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships				
······································	Director	10% Owner	Officer	Other		
RIEDMAN M SUZANNE 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			Sr. VP and General Counsel			
Signatures						
M. Suzanne 07/25	5/2005					

Riedman 07/25/2005

<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).

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.