Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

| KINDRED F Form 4 July 27, 200 [°] | HEALTHCARE, INC | | | | |
|--|---|---|---|---|--|
| FORM | 1 / | | NAMESIAN | OMB APPROVAL | |
| | UNITED STAT | ES SECURITIES AND EXCHANGE (Washington, D.C. 20549 | 0 | MB 3235-0287 umber: | |
| Check the if no long | ar. | | E | xpires: January 31, 2005 | |
| subject to Section 1 Form 4 o | 6. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | $\frac{1}{1}$ Section $17(a)$ of th | o Section 16(a) of the Securities Exchang e Public Utility Holding Company Act o h) of the Investment Company Act of 194 | e Act of 1934, f 1935 or Section | esponse 0.5 | |
| (Print or Type I | Responses) | | | | |
| | ddress of Reporting Person <u>*</u> RANO FRANK J | 2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
| (Last) 680 SOUTH | (First) (Middle) | [KND] 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2007 | Director X Officer (give title below) | 10% Owner Other (specify below) res, Hospital Div | |
| | (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/ Applicable Line) _X_ Form filed by One I | Group Filing(Check Reporting Person | |
| LOUISVILI | LE, KY 40202 | | Form filed by More Person | than One Reporting | |
| (City) | (State) (Zip) | Table I - Non-Derivative Securities Acc | uired, Disposed of, or | Beneficially Owned | |
| 1.Title of Security (Instr. 3) | any | tion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8) (A) or Code V Amount (D) Price | SecuritiesForBeneficially(D)OwnedInd | Ownership7. Nature ofrm: DirectIndirect) orBeneficiallirect (I)Ownershipstr. 4)(Instr. 4) | |
| Common Stock | 07/26/2007 | F 1,676 D \$ 21.84 | 86,370 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 | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|----------------|-------|--|--|
| T. S. | Director | 10% Owner | Officer | Other | | |
| BATTAFARANO FRANK J | | | Exec VP & | | | |
| 680 SOUTH FOURTH STREET | | | Pres, Hospital | | | |
| LOUISVILLE, KY 40202 | | | Div | | | |
| | | | | | | |

Signatures

Frank J. Battafarano 07/27/2007

<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.