INVACARE CORP Form 5

February 10, 2005

FORM 5

OMB APPROVAL

	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington, D.C. 20540	OMB Number:	3235-03	
Check this box if no longer subject	Washington, D.C. 20549	Expires:	January 3	31, 005
to Section 16. Form 4 or Form 5 obligations may continue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES	Estimated a burden hour response	verage rs per	1.0
See Instruction 1(b).	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			

HEALY BERNADINE Symi		Symbol	2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	(Month/I	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004				_X_ Director Officer (give	10%	6 Owner	
ONE INVA	CARE WAY					1	below)	below)		
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Reporting			
							(check applicable line)			
ELYRIA,Â					_X_ Form Filed by Form Filed by Person	One Reporting P More than One R				
(City)	(State)	(Zip) Tab	le I - Non-Deri	ivative Sec	uritie	s Acqu	ired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	Â	Â	Â	Â	Â	Â	5,000 (1)	D	Â	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.		Persons who respond to the c contained in this form are not						SEC 2270 (9-02)		

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Underlying Securities	Deriva

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	tive ies ed ed	(Month/Day/	Year)	(Instr. 3 and 4	1)	Securit (Instr.
					(A) (I	- 1	Date Exercisable	Expiration Date		Amount or Number of Shares	
Stock Option (Right to Buy)	Â	Â	Â	Â	Â	Â.	(2)	(2)	Common Shares	39,320	Â

Reporting Owners

Reporting Owner Name / Address	Relationships							
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other				
HEALY BERNADINE ONE INVACARE WAY ELYRIA, OH 44035	ÂΧ	Â	Â	Â				

Signatures

/s/ Bernadine P.
Healy

**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) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.
 - The reporting person holds previously reported options to buy 39,320 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 1992 Non-Employee Director Stock Option Plan, the Invacare Corporation 1994 Performance Plan and the Invacare
- (2) Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted between May 22, 1996 and March 11, 2004, at exercise prices between \$16.03 to \$44.42 per share, will expire between May 22, 2006 and March 11, 2014 and became or will become exercisable between May 22, 1997 and March 31, 2008.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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