## Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED HEALTHCARE, INC Form 4 May 18, 2015							
Check this box	S SECURITIES AND EXCHANGE C Washington, D.C. 20549	Number: 3235-0287 Expires: January 31,					
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							
(Print or Type Responses)							
1. Name and Address of Reporting Person <u>*</u> ALTMAN WILLIAM M	2. Issuer Name <b>and</b> 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) 05/16/2015	Director 10% Owner Officer (give title Other (specify below) Executive VP for Strategy					
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
LOUISVILLE, KY 40202 (City) (State) (Zip)	Tabla I. Non Derivativa Securities Acc	Person uired, Disposed of, or Beneficially Owned					
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deer Execution any	med 3. 4. Securities Acquired	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficial OwnershipOwnedIndirect (I)Ownership Following Transaction(s) (Instr. 3 and 4)					
Common 05/16/2015 Stock	F 875 D \$ 22.76	68,837 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. Transac Code (Instr. 8)	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and int 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	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Add	lress	Relationships					
	Director	10% Owner	Officer	Other			
ALTMAN WILLIAM M 680 SOUTH FOURTH STF LOUISVILLE, KY 40202	REET		Executive VP for Strategy				
Signatures							
William M. Altman	05/18/2015						

<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.