Edgar Filing: INVACARE CORP - Form 4

NULL CADE COD

Form 4	CORP										
March 20, 20)17										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								-	APPROVAL 3235-0287		
Check thi	is box		Was	hington,	D.C. 20	549			Number:	January 31,	
if no long subject to Section 1 Form 4 o Form 5	6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								ted average hours per se 0.5	
obligation may cont <i>See</i> Instru 1(b).	$\frac{1}{1}$ inue. Section 17(a	a) of the P	ublic Ut		ling Con	ipan	y Act	of 1935 or Sect			
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	fiddle)	3. Date of Earliest Transaction				(Check all applicable)				
ONE INVACARE WAY			(Month/Day/Year) 03/16/2017					Director 10% Owner X Officer (give title Other (specify below) SVP & GM, North America			
				ndment, Da th/Day/Year	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
ELYRIA, O	H 44035							Person		Reporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities A	cquired, Disposed	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) c of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V		(D)	Price	(Instr. 3 and 4)			
Shares	03/16/2017			А	7,296 (1)	А	\$0	52,968	D		
Common Shares								323.282	I	By Invacare Retirement Savings Plan (2)	

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.

Edgar Filing: INVACARE CORP - Form 4

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. orNumber 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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Childers Dean J. ONE INVACARE WAY ELYRIA, OH 44035			SVP & GM, North America				
Signaturos							

Signatures

/s/ Dean J. Childers, by Kristofer K. Spreen, his attorney-in-fact, pursuant to Power of Attorney, dated August 24, 2015, on file with the Commission	03/20/2017
**Signature of Reporting Person	Date

**Signature of Reporting Person

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).

Restricted shares granted pursuant to the Invacare Corporation 2013 Equity Compensation Plan in an exempt transaction under Rule (1)16b-3. These shares vest in 1/3 annual increments over three years commencing on May 15, 2018.

(2) Owned by the Trustee for the Invacare Retirement Savings Plan. The information given is based on a Plan Statement of March 20, 2017.

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.