Edgar Filing: INVACARE CORP - Form 4

INVACARE	CORP									
Form 4 May 17, 201	7									
FORM	1 /							-	PPROVAL	
	UNITED STA			ND EX(D.C. 20		NGE (COMMISSION	OMB Number:	3235-0287	
if no long	Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW					NERSHIP OF	Expires: Estimated a	January 31, 2005 d average		
Section 1 Form 4 or		SECURITIES						burden hou		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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 1(b).								0.0		
(Print or Type R	Responses)									
1. Name and A Gudbranson	ddress of Reporting Perso Robert K	Symbol	2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle	3. Date of E	Earliest Tra	ansaction			(Chec	k all applicable	;)	
ONE INVA	CARE WAY	(Month/Day 05/15/201	-				Director X Officer (give below) Senio			
	(Street)	4. If Amend Filed(Month		-			6. Individual or Jo Applicable Line) _X_ Form filed by 0			
ELYRIA, O	H 44035						Form filed by M Person			
(City)	(State) (Zip)	Table 1	I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	cution Date, if nth/Day/Year)	Code	on(A) or Di (D) (Instr. 3,	spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Shares	05/15/2017		F	8,313 (1)	D	\$ 14.9	128,557	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)

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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. Transactiv Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	(2)					<u>(3)</u>	(3)	Common Shares	184,300	

Reporting Owners

Reporting Owner Name / Address		R	elationships	
	Director	10% Owner	Officer	Other
Gudbranson Robert K ONE INVACARE WAY ELYRIA, OH 44035			Senior VP and CFO	
Signatures				

/s/ Robert K. Gudbranson, by Kristofer K. Spreen, his attorney-in-fact, pursuant to Power of 05/17/2017 Attorney, dated February 12, 2009, on file with the Commission

**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).
- The surrender of these shares is for tax withholding purposes in conjunction with the vesting of restricted shares held by the reporting (1) person.
- (2) 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 184,300 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted

(3) between April 1, 2008 and March 18, 2013, at exercise prices between \$13.37 to \$25.79 per share, will expire between April 1, 2018 and March 18, 2023, and became exercisable between March 31, 2009 and March 31, 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.

Date