#### CHAPMAN RICHARD E

Form 4 March 21, 2013

### FORM 4

Check this box

if no longer

obligations

may continue.

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

subject to Section 16. Form 4 or Form 5

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

See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * CHAPMAN RICHARD E | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>KINDRED HEALTHCARE, INC<br>[KND] | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable)                                                                    |  |  |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| (Last) (First) (Middle) 680 SOUTH FOURTH STREET             | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2013                               | Director 10% Owner _X Officer (give title Other (specify below)  Exec VP & Chief Admin                                                         |  |  |
| (Street)  LOUISVILLE, KY 40202                              | 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 Person |  |  |

| (City)                               | (State)                                 | (Zip) Tabl                                                  | e I - Non-D                             | erivative                        | Secur  | rities Acq  | uired, Disposed o                                                                                                  | f, or Beneficial                                                     | ly Owned                                                          |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------------------|----------------------------------|--------|-------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | ispose | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 03/20/2013                              |                                                             | F                                       | 372                              | D      | \$<br>11.15 | 58,176                                                                                                             | D                                                                    |                                                                   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: CHAPMAN RICHARD E - Form 4

| 1. Title of                          | 2.                                                              | 3. Transaction Date |                                               | 4.                              | 5.                                                                                     | 6. Date Exerc       |                    | 7. Titl                            |                              | 8. Price of                          | 9. Nu                                                              |
|--------------------------------------|-----------------------------------------------------------------|---------------------|-----------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|---------------------|--------------------|------------------------------------|------------------------------|--------------------------------------|--------------------------------------------------------------------|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | Execution Date, if<br>any<br>(Month/Day/Year) | Transacti<br>Code<br>(Instr. 8) | orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) |                     |                    | Amou<br>Under<br>Securi<br>(Instr. | lying                        | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |                                                                 |                     |                                               |                                 | (Instr. 3, 4, and 5)                                                                   |                     |                    |                                    |                              |                                      | (IIISti                                                            |
|                                      |                                                                 |                     |                                               |                                 |                                                                                        | Date<br>Exercisable | Expiration<br>Date | Title                              | Amount<br>or<br>Number<br>of |                                      |                                                                    |
|                                      |                                                                 |                     |                                               | Code V                          | (A) (D)                                                                                |                     |                    |                                    | Shares                       |                                      |                                                                    |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| •                              | Director      | 10% Owner | Officer | Other |  |  |  |
| CHAPMAN RICHARD E              |               |           | Exec VP |       |  |  |  |
| 680 SOUTH FOURTH STREET        |               |           | & Chief |       |  |  |  |
| LOUISVILLE, KY 40202           |               |           | Admin   |       |  |  |  |

## **Signatures**

Richard E.
Chapman

\*\*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.

Reporting Owners 2