Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

KINDRED HEALTHCARE, INC Form 4 July 24, 2006					
July 24, 2006 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-0287 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires: January 31 2008 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 1(b). Filed pursuant to Section 16(a) of the Investment Company Act of 1940					
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> Lucchese John Joseph	2. Issuer Name and 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) 07/22/2006	Director 10% Owner Officer (give title Other (specify below) below) V.P. Finance and Corp. Cont.			
(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)	Table I - Non-Derivative Securities Acq	uired, Disposed of, or Beneficially Owned			
(Instr. 3) any (Month/	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) orBeneficialOwnedIndirect (I)Ownership Following (Instr. 4)OwnershipFollowing Transaction(s) (Instr. 3 and 4)(Instr. 4)(Instr. 4)			
Common 07/22/2006 Stock	F 355 D \$ 26.04	8,375 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)	4. Transactio Code (Instr. 8)			ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Lucchese John Joseph 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			V.P. Finance and Corp. Cont.		
Signatures					
$J_{aba} = J_{aba} = 0.7/24$	12006				

John J. Lucchese	07/24/2006		
**Cionatura of	Dete		

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.