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

| KINDRED HEALTHCARE, INC<br>Form 4<br>May 23, 2005   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| FORM 4       OMB APPROVAL         FORM 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549       OMB Number:       3235-02         Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES       MB<br>Number:       3235-02         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>1(b).       Filed pursuant to Section 16(a) of the Investment Company Act of 1940       Section 17(a) |  |  |  |  |  |  |
| (Print or Type Responses)   |  |  |  |  |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>RIEDMAN M SUZANNE   | 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<br>(Check all applicable)  |  |  |  |  |
| (Last) (First) (Middle)<br>680 SOUTH FOURTH STREET  | <ol> <li>Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> <li>05/21/2005</li> </ol>   | Director 10% Owner<br>XOfficer (give title Other (specify<br>below)<br>Sr. VP and General Counsel  |  |  |  |  |
| (Street)<br>LOUISVILLE, KY 40202  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>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)<br>Code (Instr. 3, 4 and 5)<br>Day/Year) (Instr. 8)<br>(A)<br>or<br>Code V Amount (D) Price                  | 5. Amount of<br>Securities6. Ownership<br>Form: Direct7. Nature of<br>IndirectBeneficially<br>Owned(D) or<br>Indirect (I)Beneficial<br>OwnershipFollowing<br>Following<br>Transaction(s)<br>(Instr. 3 and 4)(Instr. 4) |  |  |  |  |
| Common 05/21/2005<br>Stock  | F 6,427 D <sup>\$</sup><br>38.91   | 31,831 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Securi<br>(Instr. | int of<br>lying                        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date |   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Add                     | ress      | Relationships |                    |       |  |  |  |
|--|-----------|---------------|--------------------|-------|--|--|--|
|  | Director  | 10% Owner     | Officer            | Other |  |  |  |
| RIEDMAN M SUZANNE                              |           | Sr. VP and    |                    |       |  |  |  |
| 680 SOUTH FOURTH STREI<br>LOUISVILLE, KY 40202 | ΞT.       |               | General<br>Counsel |       |  |  |  |
| Signatures                                     |           |               |                    |       |  |  |  |
| M. Suzanne 03                                  | 5/23/2005 |               |                    |       |  |  |  |

Riedman

<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.