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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549OMB Number Expires: Estimate burden 1STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Form 5 obligations may continue.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESOMB NumberFiled 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 20(b) of the Investment Company. Act of 1040	January 31 2005 d average ours per			
1(b).				
LECHLEITER RICHARD A Symbol Issuer KINDRED HEALTHCARE, INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/Day/Year) 680 SOUTH FOURTH STREET 05/25/2007	X Officer (give title Other (specify			
Filed(Month/Day/Year)       Applicable Line)         LOUISVILLE, KY 40202       _X_ Form filed by One Reportin         Person       Person	_X_Form filed by One Reporting Person Form filed by More than One Reporting			
(City)(State)(Zip)Table I - Non-Derivative Securities Acquired, Disposed of, or Benefit1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3.4. Securities5. Amount of Securities6. Ownersh Form: Dire Code(Instr. 3)(Month/Day/Year)Execution Date, if any (Month/Day/Year)3.4. Securities5. Amount of Securities6. Ownersh Form: Dire Owned(Instr. 3)(Month/Day/Year)(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)Owned Following (Instr. 4)Indirect (I) Following (Instr. 4)CodeVAmount(D)Price(Instr. 3)NetworkCommon Stock05/25/2007GV300D\$ 090,226D	p 7. Nature of			

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

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 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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		ctor	10% Owner	Officer	Other				
LECHLEITER RICHARI 680 SOUTH FOURTH ST LOUISVILLE, KY 40202	FREET			Executive VP and CFO					
Signatures									
Richard A. Lechleiter	05/29/2007	7							
<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.