Edgar Filing: DIAZ PAUL J - Form 4

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Form 4 March 22, 20	010										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	UNITE	D STATES		ITIES A hington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				IGES IN BENEFICIAL OWNI SECURITIES				NERSHIP OF	Expires: Estimated a burden hour response		
Form 5 obligation may conti <i>See</i> Instru 1(b).	Is Section 1	7(a) of the	Public Ut		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0			
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person * 2. Issu DIAZ PAUL J Symbol				ier Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
KINDF [KND]				RED HEALTHCARE, INC				(Check all applicable)			
(Mont				eate of Earliest Transaction onth/Day/Year) 20/2010				_X_ Director10% Owner _X_ Officer (give title Other (specify below) below) President and CEO			
				mendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
LOUISVILL	LE, KY 40202							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactio Code (Instr. 8)	(Instr. 3,	(A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/20/2010			Code V F		(D) D	Price \$ 19.29	336,843	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
DIAZ PAUL J 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202	Х		President and CEO				
Signatures							

Paul J. Diaz	03/22/2010
**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.