Edgar Filing: KINDRED HEALTHCARE, INC - Form 4

| KINDRED I Form 4 May 10, 200 | HEALTHCAR | E, INC | | | | | | | | | | |
|---|------------------------------------|---|---|-------------------|----------------------|------------------------|--|---|---|----------------------|--|--|
| FORM | лл | | | | | | | OMB AF | PPROVAL | | | |
| | UNITE | D STATES | | | AND EX 1, D.C. 20 | | NGE CO | OMMISSION | OMB Number: | 3235-0287 | | |
| Check th if no lon | aar | | | | | | | | Expires: | January 31, 2005 | | |
| subject t Section Form 4 c | 51A1 16. | STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES | | | | | | | Estimated average burden hours per response | | | |
| Form 5 obligatic may con <i>See</i> Instr 1(b). | tinue. Section 1 | 7(a) of the | Public U | tility Ho | | npany | y Act of 1 | Act of 1934, 935 or Section | 1 | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| MCCULLOUGH MARK A Symbol | | | Symbol | bl | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | KINDRED HEALTHCARE, INC [KND] | | | | | (Check all applicable) | | | | | | |
| (Last) | (First) | (Middle) | · · · - · · · - · · · · · · · · · · · · | | | | | | | Owner er (specify | | |
| 680 SOUTI | H FOURTH ST | REET | (Month/I 05/09/2 | Day/Year) 2007 | | | | _XOfficer (give pelow) Presider | below) t, Pharmacy D | · • • | | |
| | | | | onth/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 | | | | |
| LOUISVIL | LE, KY 40202 | | | | | | | Form filed by M Person | ore than One Re | porting | | |
| (City) | (State) | (Zip) | Tab | le I - Non- | Derivative | Secur | ities Acqui | red, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | 3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 05/09/2007 | | | S | 18,600 | D | \$ 32.41 | 42,560 | D | | | |
| Common Stock | 05/09/2007 | | | S | 84 | D | \$ 32.42 | 42,476 | D | | | |
| Common Stock | 05/09/2007 | | | S | 1,100 | D | \$ 32.425 | 41,376 | D | | | |
| Common Stock | 05/09/2007 | | | S | 300 | D | \$ 32.43 | 41,076 | D | | | |
| Common Stock | 05/09/2007 | | | S | 12,334 | D | \$ 32.47 | 28,742 | D | | | |

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| Common Stock | 05/09/2007 | S | 1,200 | D | \$ 32.48 27,542 | D |
|-----------------|------------|---|--------|---|---------------------|---|
| Common Stock | 05/09/2007 | S | 200 | D | \$ 32.485 27,342 | D |
| Common Stock | 05/09/2007 | S | 10,800 | D | \$ 32.49 16,542 | 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) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|--|--|--------------------|---|--|---|---|
| | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (IIISU |

Reporting Owners

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerOtherMCCULLOUGH MARK A
680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202President, Pharmacy DivFSignaturesVVVV

Mark A.

McCullough

05/09/2007

<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.