### Edgar Filing: Breier Benjamin A - Form 4

Breier Benjai Form 4										
August 02, 20	1	STATES					NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATE</b> 6. Filed pu <sup>15</sup> Section 17	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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								
(Print or Type R	lesponses)									
Breier Benjamin A Symb			Symbol	. Issuer Name <b>and</b> Ticker or Trading mbol INDRED HEALTHCARE, INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
			[KND]							
680 SOUTH FOURTH STREET (Month/I (Street) 4. If Ame			of Earliest Transaction /Day/Year) /2007				Director 10% Owner X Officer (give title Other (specify below) below) President, Peoplefirst Rehab			
				ndment, Dat th/Day/Year)	-	1		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	Iore than One Re	porting
(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 Dat (Month/Day/Year)	) Execution any		3. Transactio Code (Instr. 8) Code V	(Instr. 3,	(A) or	d of (D)	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	08/01/2007			F	829	D	\$ 20.58	26,009	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 2. 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 4. 9. Nt (Month/Day/Year) Derivative Conversion Execution Date, if TransactionNumber **Expiration Date** Amount of Derivative Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Shares Code V (A) (D)

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## **Reporting Owners**

Reporting Owner Name / Add	Iress	Relationships					
	Director	10% Owner	Officer	Other			
Breier Benjamin A 680 SOUTH FOURTH STR LOUISVILLE, KY 40202	EET		President, Peoplefirst Rehab				
Signatures							
Benjamin A. Breier	08/02/2007						

<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.