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Form 4	•										
February 22, FORM									OMB AF	PROVAL	
		AITIES A Shington,		COMMISSION	OMB Number:	3235-0287					
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation	6. Filed put	SECUR 6(a) of the	ITIES e Securit	ies E	cxchange	NERSHIP OF Bestimate burden h response		•			
may cont See Instru 1(b).	inue. Section 170	Utility Holding Company Act of 1935 or Section Investment Company Act of 1940									
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Miller Gregory C			2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 680 SOUTH	3. Date of Earliest Transaction (Month/Day/Year) 02/20/2013					Director 10% Owner X Officer (give title Other (specify below) Chief Development Officer					
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
LOUISVILI	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 Dat (Month/Day/Year)	Execution any		3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (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	02/20/2013			Code V A	Amount 7,368	(D) A	Price \$ 0	60,668	D		
Common Stock	02/20/2013			F	2,616	D	\$ 11.44	58,052	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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							
	Director	10% Owner	Officer	Other				
Miller Gregory C 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			Chief Development Officer					
Signatures								

Gregory C. 02/22/2013 Miller

<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).

(1) These shares represent common stock granted to the reporting person in satisfaction of vested Performance Units.

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.