Edgar Filing: FARBER STEPHEN D - Form 4

FARBER ST	EPHEN D										
Form 4	10										
March 29, 20									OMB A	PPROVAL	
FORM	UNITEDS	TATES SE		TIES AN ngton, I			NGE (COMMISSION		3235-0287	
Check this if no longe subject to Section 16 Form 4 or	CHANGES IN BENEFICIAL OWN SECURITIES						Expires: January 20 Estimated average burden hours per response				
Form 5 obligation may conti <i>See</i> Instruct 1(b).	s Section 17(a		lic Utilit	ty Holdi	ing Com	ipany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
FARBER STEPHEN D Syn			2. Issuer Name and Ticker or Trading Symbol KINDRED HEALTHCARE, INC [KND]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month			Date of Earliest Transaction Ionth/Day/Year) 8/28/2018					Director 10% Owner X Officer (give title Other (specify below) below) EVP & Chief Financial Officer			
				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
LOUISVILL	E, KY 40202								Aore than One Re		
(City)	(State) (2	Zip)	Table I -	- Non-De	rivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if Ti C /Year) (I	ransaction ode	n(A) or Di (D) (Instr. 3,	spose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	03/28/2018			F	4,618	D	\$ 9.15	245,953	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)		of Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)		Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
1	Director	10% Owner	Officer	Other				
FARBER STEPHEN D 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			EVP & Chief Financial Officer					
Signatures								
Stephen D. Farber	03/29/2018							

<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.