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Bird Christop	oher M.									
Form 4										
April 24, 200	9									
FORM									OMB AF	PROVAL
	UNITE	D STATES		ITIES A hington,			NGE C	COMMISSION	OMB Number:	3235-0287
Check thi	or								Expires:	January 31,
if no longer subject to Section 16. STATEMENT OF CHANGES IN 1 SECUR						ICIA	Estimated average burden hours per			
Form 4 or Form 5			с · · · ·		а ·	· -	1	A (C1024	response	0.5
obligation	• • • •						•	e Act of 1934,	•	
may conti	nue.		of the In	•	•	· ·		1935 or Section	1	
<i>See</i> Instru 1(b).	iction	50(II)	of the m	vestment	Compan	y Ac	101174			
(Print or Type R	esponses)									
1. Name and A Bird Christo	ddress of Reportir pher M.	ng Person <u>*</u>	2. Issuer Symbol	Name and	Ticker or	Tradiı	ıg	5. Relationship of Issuer	Reporting Pers	con(s) to
			KINDR [KND]	ED HEAI	LTHCA	RE, I	NC	(Checl	k all applicable)
(Last)	(First)	(Middle)	3. Date of (Month/D 04/22/20	-	ansaction			Director Officer (give below)	title Othe below)	Owner er (specify
000 500 111	rookiiisi	KLL I	04/22/20	109				President	, Peoplefirst Re	ehab
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filin	g(Check
	LE, KY 40202		Filed(Mon	th/Day/Year))			Applicable Line) _X_ Form filed by C Form filed by M		
LOUISVILL	LL, KT 40202							Person		
(City)	(State)	(Zip)	Table	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	med on Date, if Day/Year)	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	04/22/2009			Code V F	423	(D) D	Price \$ 13.67	7,077	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. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Bird Christopher M. 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202			President, Peoplefirst Rehab					
Signatures								
Christopher M								

Christopher M.	
Bird	04/23/2009

<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.