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INIVACADE CODD

Form 4									
January 04, 20 FORM Check this	4 UNITED S		JRITIES A ashington,			COMMISSION	OMB Number:	PPROVAL 3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed purs ue. Section 17(a	uant to Section	SECUR 16(a) of the Utility Hold	ITIES e Securitie ling Com	es Exchang pany Act o	NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	Expires: Estimated a burden hou response	2005 average irs per	
(Print or Type Re	sponses)								
1. Name and Add BOLAND JA	dress of Reporting P MES C	Symbo			rading	5. Relationship o Issuer	f Reporting Per	.,	
(Last) ONE INVAC		liddle) 3. Date	CARE COI of Earliest Tra h/Day/Year) /2004			(Cher X_ Director Officer (give below)		le) % Owner her (specify	
ELYRIA, OH	(Street)		mendment, Da Ionth/Day/Year)	-		•	-	erson	
(City)		Zip) Ta	nble I - Non-D	erivative S	ecurities Ac	Person quired, Disposed o	f. or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. if Transactio Code	4. Securit onAcquired Disposed (Instr. 3, 4	ies (A) or 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 Shares			Code V	Amount	(D) Price	1,000	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)

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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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	ie	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 34.5375	12/30/2004		A <u>(1)</u>	1,477	03/01/2006	12/30/2014	Common Shares	1,477
Stock Option (Right to Buy)	\$ 34.5375	12/30/2004		A <u>(1)</u>	1,477	03/01/2007	12/30/2014	Common Shares	1,477
Stock Option (Right to Buy)	\$ 34.5375	12/30/2004		A <u>(1)</u>	1,476	03/01/2008	12/30/2014	Common Shares	1,476

Reporting Owners

Reporting Owner Name / Addres					
	Director	10% Owner	Officer	Other	
BOLAND JAMES C ONE INVACARE WAY ELYRIA, OH 44035	Х				
Signatures					

/s/ James C. Boland, by Douglas A. Neary, his attorney-in-fact pursuant to Power of Attorney 01/04/2005 dated August 24, 2004 on file with the Commission.

Signature of Reporting Person

Date

D S (]

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) The reporting person was granted options to purchase Common Shares (with tandem tax withholding rights) under the Invacare Corporation 2003 Performance Plan in reliance upon an exemption provided under Rule 16b-3.
- (2) The reporting person holds previously reported options to buy 40,635 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 1992 Non-Employee Director Stock Option Plan, the Invacare Corporation 1994 Performance Plan and the Invacare Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted between October 30, 1998 and March 11, 2004, at exercise prices between \$16.03 to \$44.42 per share, will expire between October 30, 2008 and

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March 11, 2014 and became or will become exercisable between October 30, 1999 and March 31, 2008.

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.