## Edgar Filing: INVACARE CORP - Form 5

INVACARE Form 5 February 13,											
FORM								OMB A	PPROVAL		
		STATES SECUI	RITIES ANI	D EXCH	[AN(	GE C	OMMISSION	OMB	3235-0362		
			ashington, D.C. 20549					Number: Expires:	January 31,		
to Section Form 4 or 1 5 obligatio may contin <i>See</i> Instruc 1(b).	OWNEI	ATEMENT OF CHANGES IN BENEFICIAL DWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934,					Estimated a burden hou response				
Form 3 Ho Reported Form 4 Transaction Reported	ldings Section 17(a		tility Holdin	g Compa	ny A	ct of	1935 or Section	n			
Robb Charles S. Symbol							5. Relationship of Reporting Person(s) to Issuer				
			INVACARE CORP [IVC] 3. Statement for Issuer's Fiscal Year Ended				(Check all applicable)				
	th/Day/Year) 1/2013				XDirector10% Owner Officer (give titleOther (specify below) below)						
ONE INVA	(Street)						below)	,			
	mendment, Date Original				6. Individual or Joint/Group Reporting (check applicable line)						
ELYRIA,Â	OHÂ 44035						_X_ Form Filed by ( Form Filed by N Person				
(City)	(State)	(Zip) Tab	le I - Non-Deri	vative Sec	uritie	s Acqı	iired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		)	Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	Â	Â	Â	Â	Â	Â	16,481	D	Â		
Reminder: Repo securities benef	Persons who respond to the collection of information contained in this form are not required to respond unles the form displays a currently valid OMB control number				ond unless	SEC 2270 (9-02)					
	Table	e II - Derivative Sec (e.g., puts, calls									

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Underlying Securities	Deriva

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day,	/Year)	(Instr. 3 and	4)	Securit (Instr.
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	Â	Â	Â	Â	ÂÂ	(2)	(2)	Common Shares	13,161	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Robb Charles S. ONE INVACARE WAY ELYRIA, OH 44035	X	Â	Â	Â
Signatures				

/s/ Charles S. Robb, by Kristofer K. Spreen, his attorney-in-fact pursuant to Power of Attorney, dated January 29, 2010 on file with the Commission					
<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) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.

The reporting person holds previously reported options to buy 13,161 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted between March 1, 2010 and December 22, 2010, at exercise prices between \$22.7025 and \$28.67 per share, will expire between

December 31, 2015 and March 1, 2020 and became or will become exercisable between March 31, 2011 and January 1, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.