Edgar Filing: Bird Christopher M. - Form 4

Bird Christop	her M.										
Form 4											
April 23, 200	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	• UNITE	D STATES					NGE (COMMISSION	-	3235-0287	
Check this	sbox		Was	hington,	D.C. 205	549			Number:	January 31,	
if no longer					INITIA	CIAI		NEDSHID OF	Expires:	Expires: 2005	
subject to			г спан	GES IN BENEFICIAL OWNERSHIP				NEKSHIP OF	Estimated average		
Section 16 Form 4 or					TIES				burden hours per		
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	response 0.5	
obligation	^s Section 1							of 1935 or Section	m		
may contin See Instruc	nue.		of the Inv	•	•	• •					
1(b).	enon				1.	·					
(Print or Type R	esponses)										
		P *						5 5 1 2 1			
I. Name and Ac Bird Christop	ldress of Reporting	ng Person _		Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Bita Chiristoj			Symbol					155001			
				NDRED HEALTHCARE, INC				(Check all applicable)			
			[KND]								
			te of Earliest Transaction			Director 10% Owner X_ Officer (give title Other (specify					
680 SOUTH	FOURTH ST	PFFT	(Month/Da	-				below)	below)		
(Street) 4. If A			04/22/20	1/22/2008				President, Peoplefirst Rehab			
			4. If Amer	I. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mon					Applicable Line) _X_ Form filed by One Reporting Person			
	E VX 40202								More than One Re		
LUUISVILL	E, KY 40202							Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security			on Date, if	TransactionAcquired (A) or			Securities	Form: Direct	Indirect		
(Instr. 3)		any	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially	•				
		(Month/				Owned Following	Indirect (I) Ownershi (Instr. 4) (Instr. 4)				
								Reported	(IIISU: +)	(IIIsu: 4)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	04/22/2008				5,000			5 000	D		
Stock	04/22/2008			А	(1)	А	\$0	5,000	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. Transactio Code (Instr. 8)	5. Number 6. Date Ex action f Derivative Expiration Securities (Month/Da 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Option (Right to Buy)	\$ 22.14	04/22/2008		A	7,500	04/22/2009 <u>(2)</u>	04/22/2015	Common Stock	7,500

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				
O !							

Signatures

Christopher M. Bird 04/23/2008 **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).
- These shares represent restricted stock granted to the reporting person. These shares vest in approximately equal annual installments over (1)four years commencing on 4/22/09.
- (2) This option becomes exercisable in the following cumulative installments: 2,500 on 4/22/09, 2,500 on 4/22/10 and 2,500 on 4/22/11.

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.