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if no lo subject Sectior Form 4 Form 5 obligat may co	2009 M 4 UNITED this box nger to a 16. or Filed pu ions Section 17	MENT O Irsuant to a (a) of the	W F CHA Section Public V	ashingto NGES II SECU 16(a) of Utility Ho	n, D.C. 2 N BENEI JRITIES the Secur	0549 FICL ities	AL OWN Exchange 1y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated burden ho response.	urs per		
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> BLOUCH GERALD B			2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(N				of Earliest /Day/Year) 2009	Transaction	1		X Director 10% Owner X Officer (give title Other (specify below) below) President and COO				
				nendment, I lonth/Day/Ye	Date Origin ear)	al		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Secu	rities Acq	uired, Disposed of	, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	onor Dispos (Instr. 3, 4	ed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	08/05/2009			М	75,300	А	\$ 18.6875	229,031	D			
Common Shares	08/05/2009			F	72,174	D	\$ 20.12	156,857	D			
Common Shares								16,369	I	By Invacare Retirement Savings Plan (1)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transactio Code (Instr. 8)	orDeri Secu Acqu or D (D)	rities uired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (Right to Buy)	\$ 18.6875	08/05/2009		М		75,300	09/30/2000	08/31/2009	Common Shares	75,300
Employee Stock Option (Right to Buy)	(2)						<u>(2)</u>	<u>(2)</u>	Common Shares	538,30

Reporting Owners

Reporting Owner Name / Address		R	elationships	
	Director	10% Owner	Officer	Other
BLOUCH GERALD B ONE INVACARE WAY ELYRIA, OH 44035	Х		President and COO	
Signatures				

/s/ Gerald B. Blouch, by Kristofer K. Spreen, his attorney-in-fact pursuant to Power of					
Attorney, dated February 12, 2009, on file with the Commission.	08/07/2009				

Date

**Signature of Reporting Person

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) Owned by the Trustee for the Invacare Retirement Savings Plan. The information given is based on a Plan Statement of December 31, 2008, the most recent information reasonably available.

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(2) 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 538,300 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 1994 Performance Plan and the Invacare Corporation 2003 Performance Plan, granted in reliance upon the

(3) exemption provided by Rule 16b-3. All options were granted between March 6, 2000 and August 20, 2008, at exercise prices between \$22.66 to \$44.30 per share, will expire between March 6, 2010 and August 20, 2018 and became or will become exercisable between September 30, 2001 and September 30, 2012.

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.