Edgar Filing: VISTACARE, INC. - Form 4

VISTACAR Form 4	E, INC.											
August 16, 2	2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
		SIAIES		shington,			NGE U	.01v11v1155101v	OMB Number:	3235-0287		
Check th			v v cas	, migton,	D.C. 20	547				January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005		
subject to Strate Mert of Chart Section 16.				SECUR	ITIES				Estimated average burden hours per			
Form 4 or				~ ~ ~ ~ ~ ~ ~	~ ·				response 0.5			
Form 5 obligatio	n o *						•	e Act of 1934,				
may cont	linue.			vestment	•	· ·		1935 or Section	1			
<i>See</i> Instruction 1(b).	uction	50(11)	or the m	vestillent	compun	.y 110	. 01 17 1	0				
(Print or Type I	Responses)											
1 Name and A	Address of Reporting	Person *	2 Issue	Nama and	Tieker or	Tradi	na	5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person *2. IssuerElliot David W JrSymbol				r Name and Ticker or Trading				Issuer				
			•	CARE, IN	IC. [VS]	[A]			1 11 1. 1.1	`		
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chec.	k all applicable	<i>;</i>)		
(Month/D				ay/Year)				_X_ Director 10% Owner				
	CARE, INC., 48		08/14/2	006				XOfficer (give below)	title Othe below)	er (specify		
SCOTTSDA	ALE ROAD, SU	11E 5000						Pres	sident & COO			
			endment, Date Original			6. Individual or Joint/Group Filing(Check						
			(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
SCOTTSDA	ALE, AZ 85251								Iore than One Re			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	te 2A. Deei	med 3. 4. Securities Acquired					5. Amount of 6. Ownership 7. Nature of				
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	< / >	Beneficial Ownership		
		(11101111)	<i>suj, 1011)</i>	(1115411-0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Cada V	Amount	or	Duice	(Instr. 3 and 4)				
Class A				Code V	Amount	(D)	Price					
Common	08/14/2006			Р	500	А	\$ 11.99	2,000 (1)	D			
Stock							11.99					

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int 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	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Elliot David W Jr C/O VISTACARE, INC. 4800 N. SCOTTSDALE ROAD, SUITE SCOTTSDALE, AZ 85251	5000	Х		President & COO				
Signatures								
Stephen Lewis, 08 Attorney-in-Fact	/16/2006							

**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) Includes 500 shares held in the Reporting Person's IRA and previously reported as beneficially owned indirectly.

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.