HIGBY LAWRENCE M

Form 4

February 20, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * HIGBY LAWRENCE M

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

APRIA HEALTHCARE GROUP

INC [AHG]

(Month/Day/Year)

02/18/2008

(Check all applicable) _X__ Director 10% Owner

Chief Executive Officer

below)

Other (specify X_ Officer (give title

C/O APRIA HEALTHCARE GROUP INC., 26220 ENTERPRISE COURT

(First)

(Middle)

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

3. Date of Earliest Transaction

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

LAKE FOREST, CA 92630

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative S	Securi	ties Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securit n(A) or Dis (Instr. 3, 4)	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/18/2008		M(1)	34,247 (1)	A	\$ 0.001	205,351 (2)	D	
Common Stock	02/18/2008		F	12,243	D	\$ 23.76	193,108 (2)	D	

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. Transactic Code (Instr. 8)	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 Underlying Securiti (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Restricted Stock Units (3)	\$ 0.001	02/18/2008		M <u>(1)</u>		34,247	02/18/2008(4)	02/16/2010	Common Stock	34,2

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

HIGBY LAWRENCE M C/O APRIA HEALTHCARE GROUP INC. 26220 ENTERPRISE COURT LAKE FOREST, CA 92630

X Chief Executive Officer

Signatures

Lawrence M. Higby by Raoul Smyth, Attorney-In-Fact

02/20/2008

**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).
- (1) Vesting and issuance of common stock under restricted stock units ("RSUs") granted under the Issuer's 2003 Performance Incentive Plan on March 7, 2007. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- (2) Includes 80,000 shares of unvested restricted stock.
- (3) RSUs earned under the terms of a grant made under the Issuer's 2003 Performance Incentive Plan on March 7, 2007.
- On February 18, 2008, the Compensation Committee of the Issuer's Board of Directors determined that certain pre-determined performance measures established in the RSU agreement were achieved for the one-year period ending on December 31, 2007, with 34,247 shares to vest and be issued on February 16, 2009 and 34,246 shares to vest and be issued on February 16, 2010.

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.

Reporting Owners 2