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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Wa MENT OF CHAN rsuant to Section 1 (a) of the Public U	RITIES AND EXCHANGE shington, D.C. 20549 NGES IN BENEFICIAL O SECURITIES 16(a) of the Securities Excha Itility Holding Company Act nvestment Company Act of 1	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	OMB Number: Expires: Estimated burden he response	•	
(Print or Type Responses)						
1. Name and Address of Reporting RICHEY JOSEPH B II	ng Person [*] 2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]		5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (ONE INVACARE WAY	Middle) 3. Date of	of Earliest Transaction Day/Year)	(Check all applicable) X_ Director 10% Owner X_ Officer (give title Other (specify below) Senior Vice President			
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) ELYRIA, OH 44035			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) Tab	le I - Non-Derivative Securities A		f. or Benefic	ially Owned	
1.Title of Security (Instr. 3)2. Transaction Dat (Month/Day/Year)		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)	5. Amount of 6 Securities 1 Beneficially 6 Owned 1		7. Nature of	
Common Shares		Code V Amount (D) Price		D		
Class B Common Shares			360,262	D		
Common Shares			8,834	ſ	By Invacare Retirement Savings Plan	
Common Shares			10,134	[By Charitable	

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	nainder trust							
Common 16,000 I IRA								
	4							
	1474 9-02)							
(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)								
	nd Amount of 8. P ng Securities Der and 4) Sec (Ins							
Code V (A) (D) Date Expiration Title	Amount or Number of Shares							
Stock Option (Right to Buy) (2) (2) (2) CommonShareShare	775 400							
Phantom Stock (3) (4) (4) Communication Share	7.260							
Phantom (3) 04/04/2005 A 11.45 (6) (6) Communication Commu	1145 \$4							

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
RICHEY JOSEPH B II ONE INVACARE WAY ELYRIA, OH 44035	Х		Senior Vice President		
• ••					

Signatures

/s/ Joseph B. Richey, by Douglas A. Neary, his attorney-in-fact pursuant to Power of Attorney, dated August 24, 2004, on file with the Commission.

04/06/2005

**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 Trustee for the Invacare Retirement Savings Plan. The information given is based on a Plan Statement of December 31, 2004, the most recent information reasonably available.

The reporting person holds previously reported options to buy 225,400 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

(2) exemption provided by Rule 16b-3. All options were granted between February 26, 1996 and August 24, 2004, at exercise prices between \$18.6875 to \$44.30 per share, will expire between February 26, 2006 and August 24, 2014 and became or will become exercisable between March 31, 1997 and September 30, 2008.

- (4) Upon cessation of employment in accordance with the terms and conditions of the Invacare Corporation 401(k) Plus Benefit Equalization Plan.
- (5) Owned by Trustee for the Invacare Corporation 401(k) Plus Equalization Plan.
- (6) Upon cessation of employment in accordance with the terms and conditions of the Invacare Corporation Deferred Compensation Plus Plan.
- (7) Owned by Trustee for the Invacare Corporation Deferred Compensation Plus Plan.

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.

⁽**3**) 1-for-1