## INVACARE CORP Form 3 May 18, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 2025 OMB

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> NASTAS	-	-	2. Date of Event Requir Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]						
(Last)	(First)	(Middle)	05/14/2015		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
ONE INVA	CARE WA	Y									
(Street)				(Check	(Check all applicable)		6. Individual or Joint/Group				
ELYRIA,Â	OHÂ 4403	5		Officer	X_Director10% Owner OfficerOther (give title below) (specify below)		Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I	- Non-Derivat	ive Securiti	es Ben	eneficially Owned				
1.Title of Secu (Instr. 4)	rity			nt of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu: Owners (Instr. 5	ship	irect Beneficial			
Reminder: Rep owned directly		ate line for ea	ch class of securities ben	eficially SI	EC 1473 (7-02)	)					
	inforn requir	nation conta red to respo	pond to the collection ained in this form are nd unless the form di MB control number.	not							
ſ	Table II - Der	vivative Secu	rities Beneficially Owne	d (e.g., puts, calls,	warrants, opt	ions, coi	nvertible	securities)			
1. Title of Der (Instr. 4)	vative Securi	Expin	ration Date Sec (Day/Year) Der	itle and Amount of urities Underlying ivative Security tr. 4)	4. Conversio or Exercis Price of	se For	nership m of ivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

## **Reporting Owners**

Reporting Owner Name / Address	Relationships										
1	Director	10% Owner	Officer	Other							
NASTAS CLIFFORD D ONE INVACARE WAY ELYRIA, OH 44035	ÂX	Â	Â	Â							
Signatures											
/s/ Kristofer K. Spreen as attorney-in-fact for Clifford D. Nastas 05/18/2015 under Power of Attorney											
**Signature of Reporting Person											
Explanation of Responses:											

## No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.