### Edgar Filing: INVACARE CORP - Form 4

INIVACADE CODD

Form 4	CORP											
March 20, 20	4 UNITE	D STATES		ITIES Al hington,			NGE	COMMISSION	-	PPROVAL 3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er <b>STATE</b> 5. Filed p <sup>s</sup> Section 1	STATEMENT OF CHANGES IN 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								January 31, 2005 average irs per 0.5		
(Print or Type R	esponses)											
1. Name and Ac NASTAS CI	ldress of Reportir LIFFORD D	ng Person <u>*</u>	Symbol	Name and ARE COF			g	5. Relationship o Issuer				
(Last) ONE INVAC	(First)	(Middle)	3. Date of (Month/Da 03/16/20	-	insaction			X_ Director Officer (give below)		_ 10% Owner _ Other (specify		
	(Street)			ndment, Dat h/Day/Year)	-			6. Individual or J Applicable Line) _X_ Form filed by Form filed by		erson		
ELYRIA, OI		(7:e)						Person				
(City)	(State)	(Zip)					ties Ac	quired, Disposed o		-		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executionary	emed on Date, if Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) o 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 Shares	03/16/2017			A	8,606 (1)	A	\$ 0	23,538 <u>(2)</u>	D			

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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transact	5. ionNu	nber	6. Date Exer Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Der Sec Acc (A) Dis of ( (Ins	ivativo urities quired or posed	(Month/Day/ e		Under Secur	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	′ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
i o	Director	10% Owner	Officer	Other
NASTAS CLIFFORD D ONE INVACARE WAY ELYRIA, OH 44035	Х			
Signatures				

### Signatures

/s/ Clifford D. Nastas, by Kristofer K. Spreen, his attorney-in-fact, pursuant to Power of Attorney, dated April 29, 2015, on file with the Commission

\*\*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).
- Restricted stock units granted pursuant to the Invacare Corporation 2013 Equity Compensation Plan in an exempt transaction under Rule (1) 16b-3. These restricted stock units vest in full on May 15, 2018.

Includes 9,932 previously reported restricted stock units issued pursuant to the Invacare Corporation 2013 Equity Compensation Plan. (2) 4,254 of these restricted stock units vest in full on May 15, 2018 after a three-year "cliff" vesting period and 5,678 of these restricted

stock units vest in full on May 15, 2017. 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.

03/20/2017

Date