Edgar Filing: INVACARE CORP - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursu	TATES SECURITIES AND EXCHANGE Washington, D.C. 20549 ENT OF CHANGES IN BENEFICIAL OW SECURITIES ant to Section 16(a) of the Securities Exchan of the Public Utility Holding Company Act of 30(h) of the Investment Company Act of 19	V NERSHIP OF ge Act of 1934, of 1935 or Section	OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5
(Print or Type Responses)			
1. Name and Address of Reporting Per RICHEY JOSEPH B II	 rson [*] 2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC] 	Issuer	Reporting Person(s) to
(Last) (First) (Mid		_X_ Director _X_ Officer (give below)	k all applicable) 10% Owner title Other (specify below) : Vice President
(Street) ELYRIA, OH 44035	4. If Amendment, Date Original Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by O	int/Group Filing(Check One Reporting Person fore than One Reporting
(City) (State) (Zi	ip) Table I - Non-Derivative Securities Ac	equired, Disposed of,	, or Beneficially Owned
		SecuritiesForBeneficially(DOwnedIn	Ownership7. Nature oform: DirectIndirectO) orBeneficialdirect (I)Ownershipnstr. 4)(Instr. 4)
Common Shares	Code V Amount (D) Price	631,792 D)
Class B Common Shares		360,262 D)
Common Shares		8,834 I	By Invacare Retirement Savings Plan (1)
Common Shares		10,134 I	By Charitable

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									Remain Unitrus		
Class B Common Shares						1	6,000	I	IRA		
Reminder: Ro	eport on a sep	arate line for each clas	ss of securities benef	Person informa require	as who res ation cont ed to resp /s a curre	spoi tain ond	directly. nd to the co ed in this fo unless the valid OMB	rm are not form	SEC 147 (9-02		
			ative Securities Acquotts, calls, warrants,					ned			
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)	Code	5. Numbe onof Derivat Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	tive of	ve Expiration Date Underlying Secu (Month/Day/Year) (Instr. 3 and 4)		Securities	8. Pr Deri Secu (Inst	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	<u>(2)</u>						<u>(2)</u>	(2)	Common Shares	225,400	
Phantom Stock	<u>(3)</u>						<u>(4)</u>	(4)	Common Shares	7,262	
Phantom Stock	<u>(3)</u>	06/03/2005		А	11.12		(6)	(6)	Common Shares	11.12	\$ 4

Reporting Owners

Reporting Owner Name / Address		1		
	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.

06/07/2005

**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