## Edgar Filing: INVACARE CORP - Form 5

INVACARE Form 5	E CORP										
February 11,	, 2011										
FORM	15							OMB AF	PROVAL		
	UNITED S		RITIES AND EXCHANGE COMMI				OMMISSION	OMB Number:	3235-0362		
Check this box if no longer subject			Washington, D.C. 20549					Expires:	January 31, 2005		
to Section Form 4 or 5 obligation may contin		ATEMENT OF CHANGES IN BENEFIC OWNERSHIP OF SECURITIES				EFICIAL	Estimated a burden hou response	d average ours per			
See Instruct 1(b). Form 3 Ho Reported Form 4 Transactic Reported	Filed purs oldings Section 17(a	suant to Section 1 a) of the Public U 30(h) of the Ir	tility Holdin	ng Comp	any A	Act of	1935 or Sectior	1			
Boland James C Symbo			ssuer Name <b>and</b> Ticker or Trading nbol VACARE CORP [IVC]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	(iddle) 3. Statem	. Statement for Issuer's Fiscal Year Ended				(Check all applicable)				
		th/Day/Year)				_X_Director10% Owner					
ONE INVA	CARE WAY	12/31/2	2010				Officer (give title Other (specify below)				
	endment, Date Original 6. Individua				6. Individual or Jo	r Joint/Group Reporting					
	nth/Day/Year)			(check applicable line)							
							(check	(applicable lille)			
ELYRIA,Â	OHÂ 44035						V Form Filed by (	Dana Panarting De	roon		
							_X_ Form Filed by C Form Filed by M Person				
(City)	(State)	(Zip) Tab	le I - Non-Der	ivative Se	curitie	es Acqu	ired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Amount	(D)	Price	(Instr. 3 and 4)				
Common Shares	Â	Â	Â	Â	Â	Â	19,442.582	D	Â		
•	bort on a separate line ficially owned directly		contained i	n this for	m are	e not r	llection of inform equired to respond alid OMB contro	ond unless	SEC 2270 (9-02)		
	Table	e II - Derivative Sec (e.g., puts, calls									

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Underlying Securities	Deriva

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr. 3 and 4)		Securit (Instr.
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	Â	Â	Â	Â	ÂÂ	(2)	(2)	Common Shares	54,282	Â

## **Reporting Owners**

Reporting Owner Name / Address		Relationsl		
I O	Director	10% Owner	Officer	Other
Boland James C ONE INVACARE WAY ELYRIA, OH 44035	ÂX	Â	Â	Â
Signatures				

/s/ James C. Boland, by Kristofer K. Spreen, his attorney-in-fact, pursuant to Power of Attorney, dated February 12, 2009, on file with the Commission 02/11/2011

<u>\*\*</u>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) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.

The reporting person holds previously reported options to buy 54,282 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 1, 2001 and December 11, 2009, at exercise prices between \$10.695 to \$47.01 per share, will expire between February 1, 2011 and August 20, 2018 and became or will become exercisable between March 31, 2002 and January 1, 2013.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Date