Edgar Filing: INVACARE CORP - Form 4

Form 4											
November 17 FORM Check this	4 UNITEI	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287 January 31,	
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	5. Filed pu snue. Section 17								Estimated a burden hou response	Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> LaPlaca Anthony			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
(Last)		INVACARE CORP [IVC] 3. Date of Earliest Transaction				(Check all applicable)					
(Mont 11/15 (Street) 4. If A				(Month/Day/Year) 11/15/2009				Director 10% Owner Officer (give title below) Other (specify below) Sr. VP and General Counsel			
				If Amendment, Date Original iled(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
ELYRIA, OF	H 44035								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executionary	emed on Date, if 'Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares	11/15/2009			F	237	D	\$ 23.8	7,563	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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. Price o Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	(1)					<u>(1)</u>	<u>(1)</u>	Common Shares	36,500	

Reporting Owners

Reporting Owner Name / Address			Relationshi	ps				
1	Director	10% Owner	Officer	Other				
LaPlaca Anthony ONE INVACARE WAY ELYRIA, OH 44035	Sr. VP and General Counsel							
Signatures								
/s/ Anthony C. LaPlaca, by Kristofer K. Spreen, his attorney-in-fact, pursuant to Power of Attorney, dated December 30, 2008, 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).
- (1) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.

(2) The reporting person holds previously reported options to buy 36,500 Common Shares (with tandem tax withholding rights) under the Invacare Corporation 2003 Performance Plan, granted in reliance upon the exemption provided by Rule 16b-3. All options were granted between October 27, 2008 and August 19, 2009, at an exercise price between \$16.55 and \$20.48 per share, will expire between October 28, 2018 and August 19, 2019 and became or will become exercisable between September 30, 2009 and September 30, 2013.

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.