INVACARE CORP

Form 5

Common

Shares

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February 12, 2010

FORM 5

OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per **OWNERSHIP OF SECURITIES** 5 obligations response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported

1. Name and Address of Reporting Person * SLANGEN LOUIS F J			2. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]			5. Relationship of Reporting Person(s) to Issuer				
(Last) ONE INVA	(First) ((Mon	3. Statement for Issuer's Fiscal Year End (Month/Day/Year) 12/31/2009			ded	DirectorX Officer (girls below)	eck all applicable)		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Reporting (check applicable line)				
ELYRIA, OH 44035 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person										
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securi Acquired Disposed (Instr. 3,	l (A) of (D) 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	Â	Â	Â	Â	Â	Â	30,107	D	Â	
Common Shares	Â	Â	Â	Â	Â	Â	10,316.264	I	By Invacare Retirement Savings Plan (1)	

By Spouse

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 2270 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	Number		6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
					(A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	Â	Â	Â	Â	Â	Â	(3)	(3)	Common Shares	179,200	

Deletionships

Reporting Owners

Reporting Owner Name / Address			Keiationships		
	Director	10% Owner	Officer	Other	
SLANGEN LOUIS F J					
ONE INVACARE WAY	Â	Â	Senior Vice President	Â	

Signatures

ELYRIA, OHÂ 44035

/s/ Louis F. J.
Slangen

**Signature of Reporting Person

Date

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).
- Owned by the Trustee for the Invacare Retirement Savings Plan. The information given is based on a Plan Statement of December 31, 2009, the most recent information reasonably available.
- (2) No transaction is being reported on this line. Reported on a previously filed Form 3, Form 4, or Form 5.
- (3) The reporting person holds previously reported options to buy 179,200 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 exemption provided by Rule 16b-3. All options were granted between August 24, 2000 and August 19, 2009, at exercise prices between \$20.48 to \$44.30 per share, will expire between August 24, 2010 and August 19, 2019 and became or will become exercisable between

Reporting Owners 2

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September 30, 2001 and September 30, 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.