INVACARE CORP

Check this box if

no longer subject

to Section 16.

Form 5

February 10, 2012

FORM 5

OMB APPROVAL

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Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

Form 4 or Form
5 obligations
may continue.

See Instruction

ANNUAL STATEMENT OF CHANGES IN B

OWNERSHIP OF SECURITIES

1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4

30(h) of the Investment Company Act of 1940

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Transactions Reported

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **BLOUCH GERALD B** Symbol INVACARE CORP [IVC] (Check all applicable) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (Month/Day/Year) _X_ Director 10% Owner _X__ Officer (give title Other (specify 12/31/2011 below) below) ONE INVACARE WAY President and CEO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) ELYRIA, OHÂ 44035 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (City) (State) (Zip)

(City)	(State)	Tab	le I - Non-Dei	rivative Se	ecuriti	es Acq	uired, Disposed	of, or Benefici	ally 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. Securi Acquired Disposed (Instr. 3,	l (A) o l 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	195,448	D	Â
Common Shares	Â	Â	Â	Â	Â	Â	22,083.693	I	By Invacare Retirement Savings Plan (1)

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)

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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. Transaction Code (Instr. 8)	Number		(Month/Day/Year) vative vities vired vr ossed v) varive va		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 II 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	529,600	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BLOUCH GERALD B ONE INVACARE WAY ELYRIA, OH 44035	ÂX	Â	President and CEO	Â			

Signatures

/s/Gerald B.
Blouch

**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, 2011, 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.
 - The reporting person holds previously reported options to buy 529,600 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
- (3) exemption provided by Rule 16b-3. All options were granted between August 21, 2002 and September 2, 2011, at exercise prices between \$20.48 to \$44.30 per share, will expire between August 21, 2012 and September 2, 2021 and became or will become exercisable between September 30, 2003 and September 30, 2015.

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.

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