## Edgar Filing: INVACARE CORP - Form 5

INVACARE Form 5										
February 10								OMB A	PPROVAL	
Check thi no longer	RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMB Number: Expires:	3235-0362 January 31,				
to Section Form 4 or 5 obligati may conti	ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES					Estimated a burden hou response	irs per			
See Instru 1(b). Form 3 H Reported Form 4 Transactio Reported	Filed purs oldings Section 17(a	tuant to Section 1 ) of the Public U 30(h) of the In	tility Holdin	g Compa	any A	ct of	1935 or Sectio	n		
LaPlaca Anthony Symbol			suer Name <b>and</b> Ticker or Trading bol VACARE CORP [IVC]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	(Month/I	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011				(Chec Director X Officer (give			
ONE INVA	CARE WAY					1	below) Sr. VP a	below) nd General Cou	ınsel	
	(Street)	nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
ELYRIA,Â	OHÂ 44035						_X_ Form Filed by Form Filed by I Person			
(City)	(State) (	Zip) Tab	le I - Non-Deri	ivative Sec	curities	s Acqu	ired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		r )	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)		
Common Shares	Â	Â	Â	Â	Â	Â	12,368	D	Â	
Reminder: Rep	port on a separate line	for each class of	Persons wh	no respon	nd to t	he co	llection of info	rmation	SEC 2270	

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

Persons who respond to the collection of information S. contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

 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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ivative urities quired or posed D) str. 3,				8. Pr Deri <sup>1</sup> Secu (Inst
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	Â	Â	Â	Â	ÂÂ	(2)	(2)	Common Shares	59,700	4

## **Reporting Owners**

Reporting Owner Name / Add	dress	Relationships						
		10% Owner	Officer	Other				
LaPlaca Anthony ONE INVACARE WAY ELYRIA, OH 44035	Â	Â	Sr. VP and General Counsel	Â				
Signatures								
/s/ Anthony C. LaPlaca	02/09/2012							
<u>**</u> 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).
- (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 59,700 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

(2) Invacate Corporation 2005 Ferrormance Tran, granted in remarce upon the exemption provided by Kute 100-5. An options were granted between October 27, 2008 and September 2, 2011, at exercise prices between \$16.55 to \$25.24 per share, will expire between October 27, 2018 and September 2, 2021 and became or will become exercisable between September 30, 2009 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.