INVACARE CORP Form 3 June 03, 2005 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> KRAMMER FRANZ			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol INVACARE CORP [IVC]						
(Last) ((First)	(Middle)	05/25/2005	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
ONE INVACA	RE WAY	7								
(Street)				(Check all applicable)		6. Individual or Joint/Group				
ELYRIA, OH	1Â 44035			Director X Officer (give title below Mg. Dir	0	· · ·	_X_ Form file Person	Applicable Line) ed by One Reporting ed by More than One rson		
(City) (a	State)	(Zip)	Table I - I	Non-Derivat	ive Secur	ities Bo	Beneficially Owned			
1.Title of Security (Instr. 4)			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	o Own (Inst	ature of Indire ership r. 5)	ct Beneficial		
Reminder: Report of owned directly or i		e line for ea	ch class of securities benefic	cially S	EC 1473 (7	-02)				
	informa require	tion conta d to respo	pond to the collection of ained in this form are no nd unless the form disp MB control number.	t						
Tabl	le II - Deriv	ative Secu	rities Beneficially Owned (a	e.g., puts, calls,	warrants,	options,	convertible se	ecurities)		
1. Title of Derivati (Instr. 4)	ive Security	2. Date E Expiratic (Month/Day/	on Date Secur	le and Amount rities Underlying rative Security (. 4)	g Con or E Pric	version exercise of ivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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Employee Stock Options (Right to Buy)	09/30/2005	04/08/2015	Common Shares	2,000	\$ 44.17	D	Â
Employee Stock Options (Right to Buy)	09/30/2006	04/08/2015	Common Shares	2,000	\$ 44.17	D	Â
Employee Stock Options (Right to Buy)	09/30/2007	04/08/2015	Common Shares	2,000	\$ 44.17	D	Â
Employee Stock Options (Right to Buy)	09/30/2008	04/08/2015	Common Shares	2,000	\$ 44.17	D	Â

Reporting Owners

Reporting Owner Name / A	Address	Relationships					
	Director	10% Owner	r Officer	Other			
KRAMMER FRANZ ONE INVACARE WAY ELYRIA, OH 44035	Â	Â	Mg. Dir. Invacare Europe	Â			
Signatures							
/s/ Franz Krammer	06/01/2005						
******	D.						

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.