Edgar Filing: MANOR CARE INC - Form 4

MANOR CA	RE INC									
Form 4										
May 11, 2005	5									
FORM	Δ								PPROVAL	
	UNITEDS	TATES SECUR Was	NITIES AN Shington, 1			NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no longe								Expires:	January 31,	
subject to		ENT OF CHAN	GES IN F	BENEFI	CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 16			SECURI	ITIES				burden hou	-	
Form 4 or								response	. 0.5	
Form 5 obligation		uant to Section 1					-			
may conti) of the Public Ut	•	•	• •			n		
See Instru	ction	30(h) of the In	vestment (Company	y Act	of 19	40			
1(b).										
(Print or Type R	(esponses)									
(I fine of Type it	(csponses)									
1. Name and Ad LONGFIELI	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
		abol ANOR CARE INC [HCR]				(Charle all angliaghte)				
(Last) (First) (Middle) 3. Date of			f Earliest Transaction				(Check all applicable)			
()	()	(Month/D		insuction			X Director	10%	6 Owner	
333 NORTH	I SUMMIT STRE		-				Officer (give below)	title Oth below)	er (specify	
	(Street)	4 If Ama	ndment, Dat	o Original			6. Individual or Jo	,	ng(Chaok	
	(Bucct)		ith/Day/Year)	e Originai			Applicable Line)	Sint/Oroup Pin	lig(Check	
	i neu(ivioi	uir Duy, i cui)				_X_ Form filed by One Reporting Person				
TOLEDO, O	OH 43604						Form filed by M Person	More than One Ro	eporting	
(City)	(State) (Z	Zip) Tabl	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					Form: Direct	Indirect	
(Instr. 3)		any				•	(D) or	Beneficial		
		(Month/Day/Year)				OwnedIndirect (I)Following(Instr. 4)		Ownership (Instr. 4)		
							Reported	(Insu: +)	(1130. 4)	
					(A)		Transaction(s)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	05/11/2005						15.026	D		
Stock	05/11/2005		А	3,000	А	\$0	15,036	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)	4. Transactic Code (Instr. 8)	of	(Month/Day ive ies ed ed	Date	7. Title Amour Underl Securit (Instr. 1	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	,	·	Expiration Date	-	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships			
Reporting O when I tunie / I turiess	Director	10% Owner	Officer	Other	
LONGFIELD WILLIAM H 333 NORTH SUMMIT STREET TOLEDO, OH 43604	X				
Signatures					
Longfield, 05/1 William H.	1/2005				
<u>**</u> Signature of I 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).

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.