#### MANOR CARE INC

Form 4

August 29, 2007

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

response... 0.5

1(b).

Common

Stock

08/27/2007

(Print or Type Responses)

See Instruction

1. Name and A MOLER SPI	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol MANOR CARE INC [HCR]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	(iddle) 3. Date of	3. Date of Earliest Transaction				(Check all applicable)			
(Me			(Month/Day/Year) 08/27/2007				Director 10% Owner S Officer (give title Other (specify below)			
	(Street)	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person			
		Filed(Mon	Filed(Month/Day/Year)							
TOLEDO, C						Form filed by More than One Reporting Person				
(City)	(State)	Zip) Table	e I - Non-D	erivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	on Date, if Transacti Code		(A) or d of (D) 4 and 5)  (A) or (D) Price	Securities Form: Direct Indirect Beneficially (D) or Beneficially Owned Indirect (I) Owner		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/27/2007		A	16.3	A \$0	10,786.7	D			

12.6

(1)

<u>(1)</u>

J

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.

SEC 1474

(9-02)

4,732.4

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401(K)

Plan

### Edgar Filing: MANOR CARE INC - Form 4

# 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)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(2)</u>	08/27/2007	A	32.2	(2)	(2)	Common Stock	32.2	\$ 63.2

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MOLER SPENCER C 333 NORTH SUMMIT STREET TOLEDO, OH 43604

Vice President, Controller

# **Signatures**

By: Richard A. Parr, attorney-in-fact For: Spencer C.

Moler

08/29/2007

\*\*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) Shares of Common Stock acquired under the HCR Manor Care Stock Purchase and Retirement Savings 401 (k) Plan resulting from the plan trustee's reinvestment of dividends.
- Shares of Phantom Stock acquired under the HCR Manor Care Senior Management Savings Plan for Corporate Officers resulting from the reinvestment of dividends. Each share of Phantom Stock represents the right to receive the cash value of one share of HCR Common Stock. Shares of Phantom Stock are payable in cash following the reporting person's termination of employment with HCR. The reporting person may transfer his or her Phantom Stock account into an alternative investment account at any time.

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.

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