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APRIA HEALTHCARE GROUP INC

Form 4

February 28, 2007

FORM 4

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

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

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response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

subject to Section 16. Form 4 or Form 5 obligations

if no longer

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading LOCHNER PHILIP R Issuer Symbol APRIA HEALTHCARE GROUP (Check all applicable) INC [AHG] X_ Director (Last) (First) (Middle) 3. Date of Earliest Transaction 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 699 LAKE AVENUE 02/26/2007

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I. Non Derivative Securities Acquired Disposed of an Reposicially Ou

5. Relationship of Reporting Person(s) to

GREENWICH, CT 06830

(State)

(Zip)

(City)

`	• •	,	` i' lan	ne 1 - Non-	Derivative	Secui	riues Acquir	ea, Disposea oi,	or Beneficiali	y Owned
1.Title	of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired (A)	5. Amount of	6.	7. Nature of
Securi	ty	(Month/Day/Year)	Execution Date, if	Transacti	omr Dispos	ed of ((D)	Securities	Ownership	Indirect
(Instr.	3)		any	Code	(Instr. 3,	4 and 5	5)	Beneficially	Form:	Beneficial
			(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
								Following	or Indirect	(Instr. 4)
						(4)		Reported	(I)	
						(A)		Transaction(s)	(Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	· ·	
Com		02/26/2007		M	25,000	A	\$ 6.6875	37,000 <u>(1)</u>	D	
Com		02/26/2007		S	25,000	D	\$ 32.8592	12,000 (1)	D	

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed (D) (Instr. 3, 4, and 5)	Expiration Da (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (Right to Buy) (2)	\$ 6.6875	02/26/2007		M	7,000	06/30/1998	06/30/2008	Common Stock	7,000	
Director Stock Option (Right to Buy) (3)	\$ 6.6875	02/26/2007		M	18,000) 06/30/1998	06/30/2008	Common Stock	18,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
r g	Director	10% Owner	Officer	Other		
LOCHNER PHILIP R 699 LAKE AVENUE GREENWICH, CT 06830	X					

Signatures

Philip R. Lochner by Raoul Smyth,
Attorney-In-Fact
02/28/2007

**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) Does not include 2,000 shares owned by reporting person's spouse.
- (2) Issued under Apria Healthcare Group Inc. Nonqualified 1991 Stock Option Plan.
- (3) Issued under Apria Healthcare Group Inc. Amended and Restated 1997 Stock Incentive Plan.

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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