## Edgar Filing: APRIA HEALTHCARE GROUP INC - Form 4

APRIA HEA Form 4 May 07, 200	LTHCARE G 7	ROUP INC									
FORM	$14_{\text{UNITE}}$	D STATES	SECUR	TIFS A	ND FX(	ግዛለ	NGF (	OMMISSION	-	PROVAL	
	UNITE	DSIAILS		shington,			NGE C		OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANGES IN 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							Expires: January 31, 2005 Estimated average burden hours per response 0.5				
See Instru 1(b).		30(h)	of the In	vestment	Compan	у Ас	t of 194	-0			
(Print or Type F	Responses)										
BAYER TERRY Symbol				A HEALTHCARE GROUP				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 12 WHITES	(First)	(Middle) E	3. Date of (Month/D 05/03/20	-	ansaction			X Director Officer (give below)		Owner er (specify	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEWPORT	COAST, CA	92657						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	05/03/2007			А	3,000 (1) (2)	A	\$ 0.001	3,000	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)

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. Transactio Code (Instr. 8)	5. Number prof 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. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (Right to Buy)	\$ 30.27	05/03/2007		A	6,000 (2)	05/03/2007	05/02/2017	Common Stock	6,000	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BAYER TERRY 12 WHITESANDS DRIVE NEWPORT COAST, CA 92657	Х					
Signatures						
Terry P. Bayer by Raoul Smyth, Attorney-In-Fact			05/07/2007			
<b>**</b> Signature of Reporting Persor	ı		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) Grant of restricted shares subject to vesting.
- (2) Issued under Apria Healthcare Group Inc. 2003 Performance 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.