## Edgar Filing: MANOR CARE INC - Form 4

MANOR CAL Form 4													
November 22	1		S SECUD	ITIES A	N	DEVC	' <b>LI</b> A <b>N</b>	NCE	COMMISSION		PPROVAL		
Check this		UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 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 30(h) of the Investment Company Act of 1940									3235-0287		
if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed source.										Expires: January 31 2005 Estimated average burden hours per response 0.5		
(Print or Type Re	esponses)												
1. Name and Address of Reporting Person <u>*</u> LESTER LARRY C			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			MANOR CARE INC [HCR]						(Check all applicable)				
(Mont			3. Date of (Month/Da 11/20/20	ay/Year)	ran	isaction			Director 10% Owner X Officer (give title Other (specify below) below) Vice President				
				Amendment, Date Original (Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
PLYMOUTH	H, MI 48170									More than One Re			
(City)	(State)	(Zip)	Table	I - Non-I	Der	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed ion Date, if /Day/Year)	Code (Instr. 8)	ion I	4. Securit Acquired Disposed (Instr. 3, Amount	(A) o 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)			
Common Stock	11/20/2006			А	;	8.5	A	\$0	2,534.5	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. Transac Code (Instr. 8	8)	5. Number onof 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>(1)</u>	11/20/2006	А		19.1		<u>(1)</u>	<u>(1)</u>	Common Stock	19.1	\$ 47.2

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships									
I. S.	Director	10% Owner	Officer	Other						
LESTER LARRY C 13507 WESTBROOK PLYMOUTH, MI 48170			Vice President	t						
Signatures										
By: Richard A. Parr, attorney-i Lester	11/22/2006									
**Signature of Reportin	Date									
Explanation of Re	enon	6061								

## 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).

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.