#### MANOR CARE INC

Form 4

October 27, 2005

### FORM 4

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

OMB Number: 3235-0287

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

1,700

1,200

Ι

I

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

**OMB APPROVAL** 

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

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

2. Issuer Name and Ticker or Trading

MANOR CARE INC [HCR]

Symbol

burden hours per response... 0.5

1(b).

Common

Common

Stock

Stock

10/26/2005

10/26/2005

(Print or Type Responses)

WEIKEL M KEITH

1. Name and Address of Reporting Person \*

								(Che	ck all applicable	e)
(Last)	(First)	(Middle)	3. Date of Earliest Transaction							
			(Month/D	ay/Year)				_X_ Director		Owner
333 NORTI	H SUMMIT ST	TREET	10/26/2	005				_X_ Officer (give title Other (specify		
								below)	below)	700
								Sr. Exec	utive V.P. and O	200
	(Street)		4. If Ame	ndment, Da	ate Origina	ıl		6. Individual or Joint/Group Filing(Check		
			Filed(Mor	nth/Day/Year	:)			Applicable Line)		
								_X_ Form filed by	1 0	
TOLEDO,	OH 43604							Form filed by More than One Reporting		
,								Person		
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of	2. Transaction I	Data 24 Day	amad	2	4 Coouni	itiaa A	- مصنیمط	5. Amount of	6 Orrananahin	7 Natura of
Security	(Month/Day/Ye		on Date, if	1					6. Ownership Form: Direct	
(Instr. 3)	(Month/Day/16	any	on Date, ii	Code				Securities Beneficially	(D) or	Beneficial
(Illsu. 3)		•	/Day/Year)				3)	Owned	Indirect (I)	Ownership
		(IVIOIIII)	Day/ I car)	(msu. 6)			Following	(Instr. 4)	(Instr. 4)	
								Reported	(======================================	(======================================
						(A)		Transaction(s)		
				G 1 W		or	ъ.	(Instr. 3 and 4)		
				Code V	Amount	(D)	Price			1 CD 4 T
Common	10/26/2005			M	9,000	Α	\$	9,000	I	by GRAT
Stock	10/20/2002			111	,,,,,,,		19.22	<b>),</b> 000	•	II
Common										by GRAT
	10/26/2005			S	3,400	D	\$ 37.5	5,600	I	· · · · · · · · · · · · · · · · · · ·
Stock										II
Common				_			\$			by GRAT
Stock	10/26/2005			S	3,200	D	37 51	2,400	I	II
Stock							37.31			

S

S

700

500

by GRAT

by GRAT

II

II

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

Common Stock	10/26/2005	S	700	D	\$ 37.54	500	I	by GRAT II
Common Stock	10/26/2005	S	100	D	\$ 37.55	400	I	by GRAT II
Common Stock	10/26/2005	S	400	D	\$ 37.56	0	I	by GRAT II
Common Stock						377,758	D	
Common Stock						949	I	401(K) Plan

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

3. Transaction Date 3A. Deemed

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)

6. Date Exercisable and

7. Title and Amour

5. Number

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 19.22	10/26/2005		M	9,000	02/05/2005	02/06/2012	Common Stock	9,0

Relationshine

## **Reporting Owners**

1. Title of

Reporting Owner Name / Address	Ketationships						
	Director	10% Owner	Officer	Other			
WEIKEL M KEITH							
333 NORTH SUMMIT STREET	X		Sr. Executive V.P. and COO				
TOLEDO, OH 43604							

Reporting Owners 2

## **Signatures**

Weikel, M. 10/27/2005 Keith

\*\*Signature of
Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* 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.

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