## MANOR CARE INC Form 4

May 31, 2006

### FORM 4

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

OMB Number: 3235-0287

Estimated average

burden hours per

**OMB APPROVAL** 

if no longer subject to Section 16.

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

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

response... 0.5

1(b).

Common

05/26/2006

(Print or Type Responses)

1. Name and Address of Reporting Person * SCHMITT F JOSEPH			2. Issuer Name <b>and</b> Ticker or Trading Symbol MANOR CARE INC [HCR]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			(===== application)				
333 NORTH SUMMIT STREET			(Month/Day/Year) 05/26/2006			Director 10% Owner _X_ Officer (give title Other (specify below)  Vice President				
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
TOLEDO, O		Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Securities Ac	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execut any	emed ion Date, if //Day/Year)	Code	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		

Stock 77.1 A \$ 0 12,330.3

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)

Following

Reported

12,536.5

Transaction(s) (Instr. 3 and 4)

(A)

(D)

Α

Price

\$0

(Instr. 4)

D

(Instr. 4)

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

Code V Amount

17.1

A

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title and A		
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if any	TransactionNumber Code of		Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Derivativ Security
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)			/		•,	(Instr. 5)
					4, and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	(1)	05/26/2006		A	0.2	<u>(1)</u>	<u>(1)</u>	Common Stock	0.2	\$ 46.76

#### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHMITT F JOSEPH 333 NORTH SUMMIT STREET TOLEDO, OH 43604

Vice President

#### **Signatures**

By: Richard A. Parr For: F. Joseph

Schmitt 05/31/2006

\*\*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).

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.

#### **Remarks:**

Exhibit List: Exhibit 24 - Power of Attorney

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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