Edgar Filing: Zachariah Jason P. - Form 4

Zachariah Jas	son P.											
Form 4												
May 29, 2018	3											
FORM	4					~~~		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check this box if no longer										s: January 31, 2005		
subject to	SIAIEN	1ENT O	F CHAN				LOW	NERSHIP OF	Estimated	Estimated average		
Section 10 Form 4 or		SECURITIES							burden hours per			
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	. 0.5		
obligation	¹⁸ Section 17(of 1935 or Section	n			
may conti <i>See</i> Instru	nue.) of the Inv	•	•							
1(b).	etton				•	•						
(Print or Type R	esponses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or T Zachariah Jason P. Symbol					Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer					
Symbol				INDRED HEALTHCARE, INC				(Check all applicable)				
												(Last)
(Month/D				onth/Day/Year) /24/2018				XOfficer (give titleOther (specify below) below) President, KRS				
												(Street) 4. If Ame
				Applicable Line)								
								X Form filed by	One Reporting Potential More than One R			
LOUISVILL	le, KY 40202							Person		epotting		
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Securi	ities Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Dee	emed	3.	4. Secur	ities		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		on Date, if	1 /					(D) or Benefit Indirect (I) Owner	Indirect		
(Instr. 3)		any (Month	CodeDisposed of (D)//Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership		
		(infolitio	Day real (msu. 6) (msu. 5, 4 and 5)			5)	Following	(Instr. 4)				
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	/ Amount	(D)	Price	````				
Common Stock	05/24/2018			F	2,453	D	\$9	69,082	D			
Stock												

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 o Derivativ Security (Instr. 3)	e Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Under Secur	le and unt of rlying ities 5. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Ad	ldress	Rela	tionships		
	Director	10% Owner	Officer	Other	
Zachariah Jason P. 680 SOUTH FOURTH ST. LOUISVILLE, KY 40202	REET		President, KRS		
Signatures					
Jason Zachariah	05/25/2018				
<u>**</u> 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).

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.