### Edgar Filing: MASTROVICH LAWRENCE A - Form 5

#### MASTROVICH LAWRENCE A

Reminder: Report on a separate line for each class of

securities beneficially owned directly or indirectly.

Form 5

February 14, 2008

<b>FORM</b>	15							OMB AF	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Check this box if Washington, D.C. 20549								OMB Number:	3235-0362		
no longer		VV a	isnington, D	.C. 2054	9			Expires:	January 31, 2005		
to Section Form 4 or 5 obligation may conti	r Form ANN ons		ATEMENT OF CHANGES IN BENEF OWNERSHIP OF SECURITIES					Estimated average burden hours per response 1.			
See Instru 1(b).	Filed puri foldings Section 17(a	suant to Section a) of the Public U 30(h) of the I	Jtility Holdir	ng Compa	any A	Act of 1	935 or Section	·			
	Address of Reporting I	EA Symbol APRIA	2. Issuer Name <b>and</b> Ticker or Trading Symbol APRIA HEALTHCARE GROUP INC [AHG]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First) (M	(Month/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007				Director 10% OwnerX_ Officer (give title Other (specify below)  President & COO				
GROUP IN	A HEALTHCARE IC., 26220 ISE COURT						Fies	ideni & COO			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting				
							(check applicable line)				
LAKE FOR	REST, CA 926	30				_	X_Form Filed by C Form Filed by Merson				
(City)	(State)	(Zip) Tal	ole I - Non-Der	ivative Se	curitio	es Acqui	red, Disposed of	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi (A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/15/2007	Â	F	3,766 (1)	D	\$ 0.001	72,210 (2)	D	Â		

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 2270

(9-02)

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

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<ol> <li>Title of</li> </ol>	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired			`		
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					, ,					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
									of	
					(A) (D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

MASTROVICH LAWRENCE A C/O APRIA HEALTHCARE GROUP INC. 26220 ENTERPRISE COURT LAKE FOREST, CAÂ 92630

 $\hat{A}$   $\hat{A}$   $\hat{A}$  President & COO  $\hat{A}$ 

## **Signatures**

Lawrence A. Mastrovich by Raoul Smyth, Attorney-In-Fact

02/04/2008

\*\*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).
- (1) Withholding by the Company of 3,766 shares to satisfy withholding tax obligation for the February 15, 2007 issuance of 10,535 shares of common stock pursuant to Restricted Stock Unit Agreement awarded by the Company in March of 2006.
- (2) Includes 40,000 shares of unvested restricted stock.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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