#### APRIA HEALTHCARE GROUP INC

Form 4

October 30, 2008

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB 3

Number: 3235-0287

Synings: January 31,

**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or

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

SECURITIES

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Ad GOLDSMIT	Symbol APRIA	2. Issuer Name and Ticker or Trading Symbol APRIA HEALTHCARE GROUP INC [AHG]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 6 MONTER	(First) (M	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 10/28/2008				X Director Officer (give below)		Owner er (specify	
ORINDA, C	(Street) A 94563		ndment, Da nth/Day/Year	· ·			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	•	rson	
(City)	(State)	(Zip) Tabl	e I - Non-D	erivative Se	curiti	es Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)  (A) or		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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	10/28/2008		Code V $J_{(1)}^{(1)}$	Amount 354,686	(D)	Price (1)	0	D (2)		

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

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SEC 1474

(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Director Stock Option (Right to Buy)	\$ 19.63	10/28/2008		<u>J(3)</u>	1	15,000	07/18/2002	07/18/2012	Common Stock	15,000
Director Stock Option (Right to Buy)	\$ 12.75	10/28/2008		<u>J(3)</u>	1	15,000	07/19/2000	07/19/2010	Common Stock	15,000
Director Stock Option (Right to Buy)	\$ 19.25	10/28/2008		<u>J(3)</u>	1	10,000	07/21/1999	07/21/2009	Common Stock	10,000

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOLDSMITH DAVID L 6 MONTEREY TERRACE ORINDA, CA 94563	X						

### **Signatures**

/s/ David L. Goldsmith by Raoul Smyth, Attorney-In-Fact

10/28/2008

\*\*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) Canceled pursuant to the Agreement and Plan of Merger, dated as of June 18, 2008 (the "Merger Agreement"), by and among the Issuer, Sky Acquisition LLC and Sky Merger Sub Corporation and converted into the right to receive a cash payment of \$21.00 per share.
- (2) Includes shares held by revocable trust of which reporting person is the trustee, and, along with his wife, a beneficiary.

(3)

Reporting Owners 2

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Pursuant to the terms of the Merger Agreement and the plan under which they were issued, upon consummation of the merger on October 28, 2008, these stock options were canceled and converted into the right to receive cash in the amount of \$21.00 per option, less any applicable exercise price per option.

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.