Hill-Rom Holdings, Inc. Form SC 13G/A February 09, 2011

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SCHEDULE 13G/A (Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO 13d-2(b)

(Amendment No. 3)*

HILL-ROM HOLDINGS INC (Name of Issuer)

Common Stock, no par value (Title of Class of Securities)

431475102 (CUSIP Number)

December 31, 2010 (Date of event which requires filing of this statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

"Rule 13d-1(b) xRule 13d-1(c) "Rule 13d-1(d)

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^{*}The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Management, L.P.			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x		
		(b) "		
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Delaware			
	5 SOLE VOTING POWER			
NUMBER OF	0			
SHARES	.6 SHARED VOTING POWER			
BENEFICIALLY	650,000			
OWNED BY	7 SOLE DISPOSITIVE POWER			
EACH	0			
REPORTING	8 SHARED DISPOSITIVE POWER			
PERSON WITH	650,000			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON		
	650,000			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDE	ES "		
- •	CERTAIN SHARES			
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)			
	1.03%			
12	TYPE OF REPORTING PERSON			
	PN			

1	NAMES OF REPORTING PERSONS				
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)				
	HealthCor Asso	ociates, LLC			
2	CHECK THE A	APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x		
			(b) "		
3	SEC USE ONLY				
4	CITIZENSHIP	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Delaware				
	5	SOLE VOTING POWER			
NUMBER OF		0			
SHARES	,6	SHARED VOTING POWER			
BENEFICIALLY		650,000			
OWNED BY	7	SOLE DISPOSITIVE POWER			
EACH		0			
REPORTING	8	SHARED DISPOSITIVE POWER			
PERSON WITH		650,000			
9	AGGREGATE	AMOUNT BENEFICIALLY OWNED BY EACH REPORT	RTING PERSON		
	650,000				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES				
	CERTAIN SHARES				
11	PERCENT OF	CLASS REPRESENTED BY AMOUNT IN ROW (9)			
	1.03%				
12	TYPE OF REPORTING PERSON				
	OO - limited lia	ability company			

** SEE INSTRUCTIONS BEFORE FILLING OUT!

1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Offsho	ore, Ltd.		
2	CHECK THE AP	PROPRIATE BOX IF A MEMBER OF A GROUP	(a) x	
			(b) "	
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Cayman Islands			
NUMBER OF	5 SC	OLE VOTING POWER		
SHARES	0			
BENEFICIALLY	6 SI	HARED VOTING POWER		
OWNED BY	39	99,864		
EACH	7 SC	OLE DISPOSITIVE POWER		
REPORTING	0			
PERSON WITH	8 SI	HARED DISPOSITIVE POWER		
	39	99,864		
9		MOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON	
	399,864			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES "			
	CERTAIN SHAR			
11	PERCENT OF CI	LASS REPRESENTED BY AMOUNT IN ROW (9)		
	0.63%			
12	TYPE OF REPORTING PERSON			
	OO - limited com	pany		

1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Offsh	nore Master Fund, L.P.		
2	CHECK THE A	PPROPRIATE BOX IF A MEMBER OF A GROUP	(a) \mathbf{x}	
2	SEC LISE ONLY	A7	(b)	
3	SEC USE ONLY			
4		OR PLACE OF ORGANIZATION		
	Cayman Islands			
NUMBER OF	5	SOLE VOTING POWER		
	(0		
SHARES	.6	SHARED VOTING POWER		
BENEFICIALLY	-	399,864		
OWNED BY	7	SOLE DISPOSITIVE POWER		
EACH		0		
REPORTING	8	SHARED DISPOSITIVE POWER		
PERSON WITH		399,864		
9		AMOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON	
,	399,864			
10	,	F THE AGGREGATE AMOUNT IN ROW (9) EXCLUDE	·· 25	
10	CERTAIN SHARES			
11		CLASS REPRESENTED BY AMOUNT IN ROW (9)		
11		CLASS KEFKESENTED DT AMOUNT IN KOW (9)		
10	0.63%			
12	TYPE OF REPORTING PERSON			
	OO - limited con	mpany		

1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Offsh	nore GP, LLC		
2	CHECK THE A	PPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x	
			(b)	
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Cayman Islands			
NUMBER OF	5	SOLE VOTING POWER		
SHARES		0		
BENEFICIALLY	.6	SHARED VOTING POWER		
OWNED BY		399,864		
EACH	7	SOLE DISPOSITIVE POWER		
REPORTING		0		
PERSON WITH		SHARED DISPOSITIVE POWER		
		399,864		
9		AMOUNT BENEFICIALLY OWNED BY EACH REPOR	RTING PERSON	
	399,864			
10		F THE AGGREGATE AMOUNT IN ROW (9) EXCLUDE	ES	
	CERTAIN SHA			
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)			
	0.63%			
12	TYPE OF REPORTING PERSON			
	OO - limited con	mpany		

1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Hybrid Offshore, Ltd.			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x		
		(b)		
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Cayman Islands			
NUMBER OF	5 SOLE VOTING POWER			
SHARES	0			
BENEFICIALLY	,6 SHARED VOTING POWER			
OWNED BY	70,713			
EACH	7 SOLE DISPOSITIVE POWER			
REPORTING	0			
PERSON WITH	8 SHARED DISPOSITIVE POWER			
	/0,/13			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REL	PORTING PERSON		
	70,713			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES			
	CERTAIN SHARES			
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)			
	0.11%			
12	TYPE OF REPORTING PERSON			
	OO - limited company			

1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Hybrid Offshore Master Fund, L.P.			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x (b) "		
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	Cayman Islands			
NUMBER OF	5 SOLE VOTING POWER			
SHARES	0			
BENEFICIALLY	,6 SHARED VOTING POWER			
OWNED BY	70,713			
EACH	7 SOLE DISPOSITIVE POWER			
REPORTING	0			
PERSON WITH	8 SHARED DISPOSITIVE POWER			
	70,713			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON		
10	70,713			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDI	±S		
11	CERTAIN SHARES			
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)			
10	0.11%			
12	TYPE OF REPORTING PERSON			
	OO - limited company			

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1	NAMES OF REPORTING PERSONS			
	I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)			
	HealthCor Hyb	rid Offshore GP, LLC		
2	CHECK THE A	APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x	
			(b)	
3	SEC USE ONLY			
4	CITIZENSHIP	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Cayman Islands			
NUMBER OF SHARES	5	SOLE VOTING POWER		
		0		
BENEFICIALLY	,6	SHARED VOTING POWER		
OWNED BY EACH REPORTING PERSON WITH		70,713		
	7	SOLE DISPOSITIVE POWER		
		0		
	8	SHARED DISPOSITIVE POWER		
		70,713		
9	AGGREGATE	AMOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON	
	70,713			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES "			
	CERTAIN SHA	ARES		
11				