Edgar Filing: Brogdon Christopher F - Form 4/A

Brogdon Chris	stopher F									
Form 4/A October 06, 20)11									
FORM	Л								PPROVAL	
	■ UNITED	STATES					E COMMISSIO	N OMB Number:	3235-0287	
Check this box Washington, D.C. 20549							Expires:	January 31,		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or							Estimated burden hou response	urs per		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	ue. Section 17(a) of the l	Public U	Jtility Ho	lding Coi		nge Act of 1934, t of 1935 or Secti 1940			
(Print or Type Re	sponses)									
1. Name and Address of Reporting Person <u>*</u> Brogdon Christopher F			2. Issuer Name and Ticker or Trading Symbol ADCARE HEALTH SYSTEMS IN				5. Relationship of Reporting Person(s) to Issuer			
	[ADK]						ck all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify				
	D PLAZA, 305 E ROAD, SUIT		10/01/2	-			below) Chief	below) Acquisition Off	ïcer	
(Street) ATLANTA, GA 30305			4. If Amendment, Date Original Filed(Month/Day/Year) 10/05/2009			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	(Zip)	7 1	1 1 N	D • /	a	Person	e n e i		
1.Title of 2.	Transaction Date	2A. Deemo	ed	3.	Derivative 4. Securit onAcquired	ties	5. Amount of Securities	of, or Beneficia 6. Ownership Form: Direct	Ily Owned 7. Nature of Indirect	
(Instr. 3)		any		Code (Instr. 8)	Disposed (Instr. 3,	of (D) 4 and 5) (A) or	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(D) Price	(
Reminder: Repor	t on a separate line	e for each cl	ass of sec	urities bene	-	-	or indirectly. spond to the colle	oction of	SEC 1474	
					inforr requi	nation con red to resp ays a curre	tained in this forn ond unless the fo ntly valid OMB co	n are not rm	(9-02)	
	Tab					sposed of, or convertible	Beneficially Owner securities)	d		

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivati	ve Expiration Date	Underlying Securities	Der

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securiti Acquire (A) or Dispose (D) (Instr. 3 and 5)	d d of	(Month/Day/	'Year)	(Instr. 3 and	4)	Sec (In
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Warrant	\$ 2.5 <u>(1)</u>	10/01/2009		Р	1,700		(2)	11/10/2011	Common Stock	1,700 (1)	9

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Brogdon Christopher F 2 BUCKHEAD PLAZA 3050 PEACHTREE ROAD, SUITE 570 ATLANTA, GA 30305	Х	Х	Chief Acquisition Officer			
Signatures						

/s/ Christopher F.	
Brogdon	10/05/2011
<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).
- The Warrants were subject to a 5% stock dividend issued by the Issuer on September 30, 2010. As a result of such stock dividend, the
 (1) exercise price of the Warrants decreased from \$2.50 to \$2.38 and each Warrant became issuable for 1.05 shares of the Issuer's common stock.
- (2) The Warrants were exercisable at the time of purchase.
- (3) As of the filing date of this Form 4/A, the Reporting Person no longer has a reportable beneficial interest in any of the Issuer's warrants owned by the Reporting Person's daughter and included in the Reporting Person's prior ownership reports.

This amendment is being filed to amend Column 11 of the Form 4 to reflect that the Warrants were indirectly owned by the Reporting

(4) Person through his spouse as the UGMA custodian for their daughter, not indirectly owned by the Reporting Person through his spouse as originally reported.

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.