Tenwick David A Form 5 February 15, 2011

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Tenwick David A Symbol ADCARE HEALTH SYSTEMS INC (Check all applicable) [ADK] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) _X_ Director 10% Owner _X__ Officer (give title Other (specify (Month/Day/Year) below) below) 12/31/2010 Chairman 8503 MISTY WOODS CIRCLE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) POWELL, OHÂ 43065 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting (State) (City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) (D) Price Amount Common Â Â Â Â Â Â Â 348,450 (1) Stock Persons who respond to the collection of information Reminder: Report on a separate line for each class of **SEC 2270** securities beneficially owned directly or indirectly. contained in this form are not required to respond unless (9-02)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)

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1. Title Derivat Security (Instr. 3	ive Conversion or Exercise	e		4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warra	nts \$ 2.5	Â	Â	Â	Â	Â	11/07/2006	12/08/2014	Common Stock	3,000
Warra	nts Â	Â	Â	Â	Â	Â	(2)	11/16/2017	Common Stock	378,266
Option	ns \$ 2.5	Â	Â	Â	Â	Â	08/27/2006	08/27/2011	Common Stock	1,600
Option	ns \$ 2.5	Â	Â	Â	Â	Â	08/27/2007	08/27/2012	Common Stock	1,600
Option	ns \$ 1.5	Â	Â	Â	Â	Â	05/09/2007	05/09/2012	Common Stock	2,000
Option	ns \$ 1.5	Â	Â	Â	Â	Â	05/09/2008	05/09/2013	Common Stock	2,000
Option	ns \$ 1.5	Â	Â	Â	Â	Â	05/09/2009	05/09/2014	Common Stock	2,000
Option	ns \$ 1.5	Â	Â	Â	Â	Â	05/09/2010	05/09/2015	Common Stock	2,000
Option	ns \$ 1.5	Â	Â	Â	Â	Â	05/09/2011	05/09/2016	Common Stock	2,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 8	Director	10% Owner	Officer	Other			
Tenwick David A 8503 MISTY WOODS CIRCLE POWELL, OH 43065	ÂX	Â	Chairman	Â			

Signatures

Carol Groeber for D. Tenwick by power of attorney 02/15/2011

**Signature of Reporting Person Date

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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) This includes 16549 shares issued by the company as a stock dividend to shareholders as of 9/30/2010.
- (2) The exercise price of the warrants vested in 2008 was \$1.21, those vested in 2009 was \$2.25, those vested in 2010 was \$3.00 and those vesting in 2011 will be \$4.00 per share.

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.