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ADCARE HEALTH SYSTEMS INC

Form 5

February 21, 2008 FORM 5

Check this	UNITED S s box if		URITIES ANI Washington, D			GE CO	OMMISSION	number.	3235-0362 January 31,
no longer to Section Form 4 or 5 obligation may conti	16. Form ANNI ons nue.		MENT OF CH IERSHIP OF S				FICIAL	Expires: Estimated a burden hou response	2005 average
See Instru 1(b). Form 3 He Reported Form 4 Transactic Reported	Filed purs oldings Section 17(a) of the Public	n 16(a) of the S c Utility Holdin e Investment Co	g Compa	ny A	ct of	1935 or Section	on	
1. Name and A Sturtz Laure	address of Reporting Pence E	Symb	CARE HEALTI]	5. Relationship of Issuer (Chec	f Reporting Person	
(Last) (First) (Middle) 3. Stat (Monti		tement for Issuer's th/Day/Year) 1/2007	•				_X_ Director 10% Owner Officer (give title below) Other (specify below)		
3421 POIN' COURT,Â		12/3	1/2007						
	(Street)		Amendment, Date (Month/Day/Year)	Original		(6. Individual or Jo	oint/Group Rep	
BONITA S	PRINGS, FL 3	4134					_X_ Form Filed by Form Filed by Person	One Reporting P More than One R	
(City)	(State) (Zip)	Table I - Non-Deri	vative Sec	uritie	s Acqu	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
				Amount	(A) or (D)	Price	of Issuer's Fiscal Year (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	21,920	D	Â
	oort on a separate line ficially owned directly		contained in	n this for	n are	not re	llection of info equired to resp lid OMB contro	ond unless	SEC 2270 (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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title ar Underlyin (Instr. 3 a
					(A)	(D)	Date Exercisable	Expiration Date	Title
Warrants	\$ 1.46	09/12/2007	Â	E(1)	Â	43,840	10/01/2007(2)	10/01/2012(2)	Commo Stock
Warrants	\$ 1.2	11/20/2007	Â	A(3)	43,840	Â	11/20/2007(4)	11/20/2017(4)	Commo Stock
Warrants	\$ 2.5	Â	Â	Â	Â	Â	10/31/2004	10/31/2009	Commo Stock
Warrants	\$ 5.4	Â	Â	Â	Â	Â	11/10/2006	11/10/2011	Commo Stock
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004	08/27/2012	Commo Stock
Options	\$ 1.5	Â	Â	Â	Â	Â	05/09/2007	05/09/2012	Commo Stock

Reporting Owners

Reporting Owner Name / Address	Relationships					
F-	Director	10% Owner	Officer	Other		
Sturtz Laurence E 3421 POINTE CREEK COURT APT# 106 BONITA SPRINGS, FL 34134	ÂX	Â	Â	Â		

Signatures

Carol Groeber 02/21/2008

**Signature of Date
Reporting Person

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) Merger discussions discontinued.
- (2) The warrants will only become exercisable upon closing of the Merger of the Company and Family Home Health Services, Inc. and will terminate and expire unless exercised on or before the 5th anniversary of the closing.
- (3) Warrants were awarded to officers and directors.
- (4) These are 10 year warrants that will vest equally over a 5 year period, however that vesting will be accelerated in the event there is a "change in control" of the Company or a termination without cause of person(s) comprising the management team.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

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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.