## Edgar Filing: Tenwick David A - Form 4/A

Tenwick David A	A													
Form 4/A														
September 20, 20														
FORM 4	UNITED		SECU	DITIEC						OMB APPROVAL				
	UNITED	SIAIES					D EXCHANGE COMMISSION D.C. 20549					3235-	0287	
Check this box if no longer											Expires:	Januar	y 31, 2005	
subject to Section 16. Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							F	Estimated average burden hours per response 0.5					
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940												0.5		
(Print or Type Respo	nses)													
1. Name and Address of Reporting Person <u>*</u> Tenwick David A			2. Issuer Name <b>and</b> Ticker or Trading Symbol					ling	5. Relationship of Reporting Person(s) to Issuer					
		ADCARE HEALTH SYSTEMS IN [ADK]					MS IN	NC (Check all applicable)						
(Last) (First) (Middle) 8503 MISTY WOODS CIRCLE			3. Date of Earliest Transaction (Month/Day/Year) 09/06/2011				X Director 10% Owner X Officer (give title Other (specify below) below)							
									Chairman					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)							
POWELL, OH 4		09/09/2011 Form filed by 0 Form filed by M Person						One Reporting Person Iore than One Reporting						
(City)	(State)	(Zip)	Tab	le I - No	n-D	erivativ	e Secu	rities A	cquired, Disposed	of,	or Beneficia	lly Owned	1	
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transac Code (Instr. 8	tion	4. Secur Acquired Disposed (Instr. 3,	d (A) d d of (I 4 and	))	5. Amount of Securities Beneficially Owned Following Reported	Fo (D (I)	rm: Direct ) or Indirect	7. Nature Indirect Beneficia Ownershi (Instr. 4)	1	
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)					
Reminder: Report or	n a separate line	for each cl	ass of sec	urities be	nefi	icially ov	vned c	lirectly	or indirectly.					
						infor requ	matio ired t ays a	on cont o resp	spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n a orm	re not	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year	r) (Instr. 8)	(A) o Disp (D)	or osed of r. 3, 4,				
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrants	\$ 2.5	09/06/2011	Х		1,000	11/06/2006	12/08/2014 <u>(1)</u>	Common Stock	1,050

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
reporting officer runner runn of	Director	10% Owner	Officer	Other				
Tenwick David A 8503 MISTY WOODS CIRCLE POWELL, OH 43065	Х		Chairman					
Signatures								
David A. Tenwick by Carol Groe attorney	ber power	r of	09/20/20	011				

## <u>\*\*Signature of Reporting Person</u> 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) Warrants called by issuing Company.
- (2) This number was incorrectly listed on the original form 4 as 2000. The 2000 was the number of identical warrant remaining instead of the total of all warrants remaining.

Date

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.