## Edgar Filing: Brogdon Christopher F - Form 4

| Brogdon Chi   | ristopher F                       |   |                                   |   |       |   |   |  |  |  |  |  |
|---|-----------------------------------|---|-----------------------------------|---|-------|---|---|--|--|--|--|--|
| Form 4<br>August 18, 2  | 2010                              |   |                                   |   |       |   |   |  |  |  |  |  |
| FORM  |                                   |   |                                   |   |       |   |   |  |  | PPROVAL  |  |  |
| UNITED STATES SECURITIES ANI<br>Washington, D.                            |                                   |   |                                   |   |       |   |   |  | OMB<br>Number:   | 3235-0287  |  |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5   | OF CHAN                           | GES IN I<br>SECUR                                   | BENEFI<br>ITIES                   | CIA   |       | <b>NERSHIP OF</b><br>ge Act of 1934,  | Expires:<br>Estimated<br>burden hor<br>response | urs per  |  |  |  |  |
| obligation<br>may cont<br><i>See</i> Instru<br>1(b).                      | tinue. Section 1                  |   | Public Ut<br>) of the In          | •   | •     | - ·   |   | f 1935 or Sectio<br>40   | on   |  |  |  |
| (Print or Type I  | Responses)                        |   |                                   |   |       |   |   |  |  |  |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Brogdon Christopher F |                                   |   | Symbol                            | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>ADCARE HEALTH SYSTEMS INC<br>[ADK] |       |   |   |  | 5. Relationship of Reporting Person(s) to Issuer                     |  |  |  |
|   |                                   |   |                                   |   |       |   |   |  | (Check all applicable)   |  |  |  |
| (Last)  |                                   | 3. Date of Earliest Transaction<br>(Month/Day/Year) |                                   |   |       | _X_ Director _X_ 10% Owner<br>Officer (give titleOther (specify<br>below)Other (specify |   |  |  |  |  |  |
|   | EAD PLAZA, 3<br>EE ROAD, SU       |   | 08/16/20                          | )10   |       |   |   |  | 001011)  |  |  |  |
|   |                                   |   |                                   | ndment, Date Original<br>nth/Day/Year)  |       |   |   | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |  |  |  |
|   | (State)                           | (Zip)   |                                   |   |       |   |   | Person   |  |  |  |  |
| (City)  |                                   | (Zip)   |                                   |   |       |   |   | quired, Disposed o   |  | -  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                      | 2. Transaction I<br>(Month/Day/Ye | ar) Executi<br>any                                  | emed<br>on Date, if<br>/Day/Year) |   |       | spose   | d of  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  |  |  |
| Common<br>Stock   | 08/16/2010                        |   |                                   | Р   | 2,000 | А   | \$<br>3.35                                      | 353,776  | I  | By spouse  |  |  |
| Common<br>Stock   |                                   |   |                                   |   |       |   |   | 16,500   | I  | By spouse<br>as UGMA<br>custodian<br>for<br>daughter |  |  |
| Common<br>Stock   |                                   |   |                                   |   |       |   |   | 78,561   | D  |  |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless 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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|--|--------------------|-------|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable  | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address   |            | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| Brogdon Christopher F<br>2 BUCKHEAD PLAZA<br>3050 PEACHTREE ROAD, S<br>ATLANTA, GA 30305 | UITE 570   | Х             | Х       |       |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| /s/ Christopher F.<br>Brogdon  | 08/18/2010 | )             |         |       |  |  |  |  |
| **Signature of Reporting<br>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).

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.