ADCARE HEALTH SYSTEMS INC

Form 5/A

S

(City)

(State)

(Zip)

February 21, 2008

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. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Estimated average 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 Ac Williams J M	•	orting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) t Issuer		
			ADCARE HEALTH SYSTEMS INC [ADK]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Exec. VP, COO		
1844 N FOU	INTAIN			LACC. VI, COO		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)		
			02/21/2008			

SPRINGFIELD, OH 45504	
,	_X_ Form Filed by One Reporting Person
	Form Filed by More than One Reporting

Person

(City)	(State)	(Zip) Tal	ble I - Non-De	rivative Se	curit	ies Acq	uired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3, 4	(A) o of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

Persons who respond to the collection of information Reminder: Report on a separate line for each class of contained in this form are not required to respond unless securities beneficially owned directly or indirectly.

SEC 2270 (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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Underlying Securities	Γ
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		(]

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	Derivative Security					Secu Acqu (A) o Disp of (I (Inst 4, an	or osed O) r. 3,				
						(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options	\$ 2.5	Â	Ä	Â	Â	Â	Â	08/27/2004	08/27/2012	Common Stock	8,000
Options	\$ 1.5	Â	Ä	Â	Â	Â	Â	05/09/2007	05/09/2012	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Williams J Michael 1844 N FOUNTAIN SPRINGFIELD, OH 45504	ÂX	Â	Exec. VP, COO	Â			

Signatures

Carol Groeber 02/21/2008

**Signature of Person

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).

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.

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