

BROGDON CONNIE B  
 Form 4/A  
 October 06, 2011

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**BROGDON CONNIE B**

2. Issuer Name and Ticker or Trading Symbol  
**ADCARE HEALTH SYSTEMS INC [ADK]**

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
**2 BUCKHEAD PLAZA, 3050  
 PEACHTREE ROAD, SUITE 570**  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
**10/01/2009**

\_\_\_\_ Director  10% Owner  
 \_\_\_\_ Officer (give title below) \_\_\_\_ Other (specify below)

**ATLANTA, GA 30305**

4. If Amendment, Date Original Filed (Month/Day/Year)  
**10/05/2009**

6. Individual or Joint/Group Filing (Check Applicable Line)  
 Form filed by One Reporting Person  
 \_\_\_\_ Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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

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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 Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction of	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. F
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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)	(Instr. 3 and 4)							
						Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrant	\$ 2.5 <sup>(1)</sup>	10/01/2009	P	1,700	<sup>(2)</sup>	11/10/2011						Common Stock	1,700 <sup>(1)</sup>

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

BROGDON CONNIE B
2 BUCKHEAD PLAZA
3050 PEACHTREE ROAD, SUITE 570
ATLANTA, GA 30305

X

Signatures

/s/ Connie B.
Brogdon 10/05/2011

\*\*Signature of Reporting 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).
The Warrants were subject to a 5% stock dividend issued by the Issuer on September 30, 2010. As a result of such stock dividend, the
(1) exercise price of the Warrants decreased from \$2.50 to \$2.38 and each Warrant became issuable for 1.05 shares of the Issuer's common stock.
(2) The Warrants were exercisable at the time of purchase.
(3) As of the filing date of this Form 4/A, the Reporting Person no longer has a reportable beneficial interest in any of the Issuer's warrants owned by the Reporting Person's daughter and included in the Reporting Person's prior ownership reports.
(4) This amendment is being filed to amend Column 11 of the Form 4 to reflect that the Warrants were indirectly owned by the Reporting Person as the UGMA custodian for her daughter, not directly owned as originally reported.

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.