

ADCARE HEALTH SYSTEMS, INC  
 Form 3  
 February 09, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Cain E Clinton		(Month/Day/Year)	ADCARE HEALTH SYSTEMS, INC [ADK]	
(Last)	(First)	(Middle)	02/09/2016	
1145 HEMBREE ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
ROSWELL,Â GAÂ 30076			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Chief Accounting Officer	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	7,792 <sup>(1)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		(I) (Instr. 5)	
Common Stock Option (right to buy)	03/16/2015	03/16/2017	Common Stock	3,150 <sup>(2)</sup>	\$ 3.93	D	Â
Common Stock Option (right to buy)	Â <sup>(3)</sup>	04/17/2023	Common Stock	4,500 <sup>(3)</sup>	\$ 4.3	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Cain E Clinton 1145 HEMBREE ROAD ROSWELL, GA 30076	Â	Â	Â Chief Accounting Officer	Â

## Signatures

/s/ E Clinton  
Cain

02/09/2016

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Restricted Stock Award granted on January 1, 2016 under the AdCare Health Systems, Inc. 2011 Stock Plan. The shares will vest on the following schedule: (i) 2,597 shares on 1/1/2017; (ii) 2,597 shares on 1/1/2018; and (iii) 2,598 shares on 1/1/2019.
- (2) Options granted on March 16, 2012 under the AdCare Health Systems, Inc. 2011 Stock Plan. The options vested on the following schedule: (i) 1,050 options on 3/16/2013; (ii) 1,050 options on 3/16/2014; and (iii) 1,050 options on 3/16/2015.
- (3) Options granted on April 17, 2013 under the AdCare Health Systems, Inc. 2011 Stock Plan. The options vest on the following schedule: (i) 1,500 options on 4/17/2014; (ii) 1,500 options on 4/17/2015; and (iii) 1,500 options on 4/17/2016.

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.