Edgar Filing: FIVE STAR QUALITY CARE INC - Form 4

FIVE STAR (Form 4 May 16, 2007	QUALITY CARE	E INC									
FORM	4										PPROVAL
	- UNITED S	Washington, D.C. 20549								OMB Number:	3235-0287
Check this if no longe	r									Expires:	January 31, 2005
subject to Section 16	ENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per	
Form 4 or Form 5	T . 1					a				response	0.5
obligations may contir <i>See</i> Instruc 1(b).	Section 17(a)) of the P		lity Ho	ldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n	
(Print or Type Re	esponses)										
1. Name and Ad GILMORE B	dress of Reporting Po ARBARA D	- 2	2. Issuer Symbol FIVE ST [AMEX	AR QU	JA			-	5. Relationship of Issuer (Chec	Reporting Per	
(Last)	(First) (M	iddle)	3. Date of	Earliest 7	Гrar	nsaction			_X_ Director		6 Owner
	CAR QUALITY (ENTRE STREET		(Month/Da 05/15/20	-					Officer (give below)	title Oth below)	er (specify
	(Street) 4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
		1	Filed(Mont	h/Day/Ye	ar)				Applicable Line) _X_ Form filed by (One Reporting Pe Aore than One Re	
NEWTON, N	1A 02458								Person		porting
(City)	(State) (Z	Zip)	Table	I - Non-	De	rivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8	5)	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	05/15/2007			А		4,000	A	<u>(1)</u>	17,001	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other GILMORE BARBARA D C/O FIVE STAR QUALITY CARE, INC. Х **400 CENTRE STREET NEWTON, MA 02458** Signatures /s/ Barbara D. Gilmore 05/15/2007 **Signature of 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).
- (1) Transaction reported is grant of shares pursuant to issuer's incentive share award plan or plans.

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.