Edgar Filing: Addus HomeCare Corp - Form 4

Addus Home	Care Corp											
Form 4												
June 21, 2013	3											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
	CIVITED S	STATES		ITIES AI hington,]			NGE (COMMISSION	OMB Number:	3235-0287		
Check this	ər							Expires:	January 31,			
if no longer subject to STATEMENT OF CHANC				GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average		
Section 16		SECURITIES							burden hours per			
Form 4 or Form 5					a	-	1		response	0.5		
obligation							-	ge Act of 1934,	-			
may conti	nue. Section 17(a		of the Inv	•	•	• •		f 1935 or Sectio	n			
See Instru 1(b).	ction	50(II)	of the my	CSUIICIII V	company	y Act	. 01 1 9	40				
1(0).												
(Print or Type R	esponses)											
						Reporting Person(s) to						
Bachleda Simon A Symbol								Issuer				
Addus H			HomeCare Corp [ADUS]				(Check all applicable)					
(Last)	(Last) (First) (Middle) 3. Date of				insaction			(check an approach)				
(Month/Da			Day/Year)				_X_ Director _X_ 10% Owner					
320 PARK A	VENUE, 9TH F	LOOR	06/19/20	013				Officer (give below)	e title Oth below)	er (specify		
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK	NIX 10022								More than One Re			
NEW YORK	, IN I 10022							Person				
(City)	(State) (Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership				
			on Date, if TransactionAcquired (A) or Code Disposed of (D)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		any (Month/	Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership		
			-					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				<i>a</i>		or		(Instr. 3 and 4)				
Commen				Code V		(D)	Price					
Common Stock	06/19/2013			А	1,007 (1)	А	\$0	4,034,419 (2)	D			
SIUCK					<u>(-)</u>							

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)	4. Transact Code (Instr. 8)	of				Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Bachleda Simon A 320 PARK AVENUE, 9TH F NEW YORK, NY 10022	FLOOR	Х	Х						
Signatures									
/s/ Simon A. Bachleda	06/21/201	3							
<u>**</u> 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).
- (1) The 1,007 shares vest on the first anniversary of the grant date.

Simon A. Bachleda is a director of the Issuer and a principal of Eos Management, L.P. and its affiliates ("Eos"). As a result, Mr. Bachleda may be deemed to share beneficial ownership of the securities owned by Eos. Mr. Bachleda disclaims beneficial ownership of such

(2) The provide the securities of the securities for purposes of Section 16 or for any other purpose, except to the extent of his pecuniary interest therein.

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.