

ADCARE HEALTH SYSTEMS INC
 Form 5
 April 11, 2007

FORM 5

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

OMB APPROVAL

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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).
 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

1. Name and Address of Reporting Person *
 Tenwick David A

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)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
 12/31/2006

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

8503 MISTY WOODS CIRCLE,Â

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

POWELL,Â OHÂ 43065

(City) (State) (Zip)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

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) (A) or (D) Price	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)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 2270 (9-02)

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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	Derivative Security			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares
	(A)	(D)		(A)	(D)				
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2010	Common Stock	6,400
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2012	Common Stock	12,800
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2012	Common Stock	2,000
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2012	Common Stock	3,520
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2012	Common Stock	8,000
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2012	Common Stock	6,400
Options	\$ 2.5	Â	Â	Â	Â	Â	08/27/2004 08/27/2012	Common Stock	6,400

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Tenwick David A 8503 MISTY WOODS CIRCLE POWELL, OH 43065	Â X	Â	Â Chairman	Â
Cunningham Jeffrey Scott 120 DEETER DRIVE CLAYTON, OH 45315	Â	Â	Â Vice President - CFO	Â
Radcliffe Philip S 106 BURNHAM WILLIAMSBURG, VA 23188	Â X	Â	Â	Â
Reynolds Sharon L 7360 BRAUN ROAD GROVEPORT, OH 43215	Â	Â	Â Sr. Vice President	Â
Sturtz Laurence E 3421 POINTE CREEK COURT APT# 106	Â X	Â	Â	Â

BONITA SPRINGS, FL 34134

Wade Gary L
 4714 MERRIMONT AVE X President-CEO
 SPRINGFIELD, OH 45503

Williams J Michael
 1844 N FOUNTAIN AVE X Exec VP - COO
 SPRINGFIELD, OH 45503

Signatures

Carol Groeber 04/07/2007

__Signature of
 Reporting Person

Date

Carol Groeber 04/07/2007

__Signature of
 Reporting Person

Date

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__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).

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.