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BROGDON CONNIE B

Form 4/A

December 31, 2009

FORM 4

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

OMB

Check this box if no longer subject to

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

Section 16. Form 4 or Form 5

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

Estimated average burden hours per 0.5

obligations may continue.

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

response...

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See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

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)			3. Date of Earliest Transaction (Month/Day/Year)					Director Officer (give title below) Other (specify below)		
593 ATLANTA STREET (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 12/28/2009 ROSWELL, GA 30075				1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secui	rities Acq	uired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye.	ar) Execution	med on Date, if Day/Year)	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock (1)	12/23/2009			P	9,300	A	\$ 3.243	299,141	D	
Common Stock (1)								16,500	I	As UGMA custodian for daughter
Common Stock (1)								78,561	I	By spouse
Reminder: Rep	port on a separate l	line for each o	lass of secu	ırities benef	ficially ow	ned di	rectly or i	ndirectly.		

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(9-02)

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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)) Execution Date, if Transaction Derivative 1		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrant (2)	\$ 2.5	12/23/2009		P	4,500	<u>(3)</u>	12/07/2014	Common Stock	4,500
Warrant (2)	\$ 2.5					(3)	12/07/2014	Common Stock	113,900
Warrant (2)	\$ 2.5					(3)	12/07/2014	Common Stock	85,392

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BROGDON CONNIE B 593 ATLANTA STREET ROSWELL, GA 30075		X					

Signatures

/s/ Connie B.
Brogdon

**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 purchase transaction was previously reported on the original filing of this report. This amendment is being filed to include all holdings of the securities of the same class as the security in the previously reported transaction.

(2)

Reporting Owners 2

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The purchase transaction was previously reported on the original filing of this report. This amendment is being filed to (i) include all holdings of the securities of the same class as the security in the previously reported transaction and (ii) accurately reflect the exercise price and expiration date of the Warrants.

(3) The Warrants are currently exercisable.

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.