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COHEN LAWR	ENCE A										
Form 4											
September 11, 20	012										
FORM 4	UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								MB APPROVAL 3235-0287	
Check this boy if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	STATEM Filed pure	Washington, D.C. 20549 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							Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5		
See Instruction 1(b).		30(h) of	f the Inv	vestment	Compan	y Act	t of 194	0			
(Print or Type Respo	onses)										
COHEN LAWRENCE A Symbol CAPIT			Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			Month/D	f Earliest Transaction Day/Year) 012				X Director 10% Owner X Officer (give title Other (specify below) below) CEO & Vice Chairman of Board			
				ndment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
DALLAS, TX 7	75254							Person	lore than One Re	porung	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
	Transaction Date onth/Day/Year)	saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Common 09/ Stock	/07/2012			S <u>(1)</u>	22,600	D	φ 13.13 (<u>2)</u>	653,519	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)	4. Transacti Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
COHEN LAWRENCE A 14160 DALLAS PARKWAY SUITE 300 DALLAS, TX 75254	х		CEO & Vice Chairman of Board				
Signatures							
/s/ Lawrence A. 0 Cohen	9/10/2012						

<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 sale proceeds will be used by the reporting person to satisfy tax liabilities incurred by the reporting person.

The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$12.95 to \$13.43, inclusive. The reporting person undertakes to provide Capital Senior Living Corporation, any stockholder of Capital Senior

 (2) to \$15.45, inclusive. The reporting person undertakes to provide Capital Senior Living Corporation, any stockholder of Capital Senior Living Corporation, or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

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.