

Brogdon Christopher F  
 Form 3/A  
 November 21, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Brogdon Christopher F</p> <p>(Last) (First) (Middle)</p> <p>593 ATLANTA STREET</p> <p>(Street)</p> <p>ROSWELL,Â GAÂ 30075</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/08/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ADCARE HEALTH SYSTEMS INC [ADK]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director ___X_ 10% Owner              ___ Officer ___ Other              (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>05/08/2008</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p>_X_ Form filed by One Reporting Person              ___ Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	47,665 <sup>(1)</sup>	D	Â
Common Stock	107,180 <sup>(2)</sup>	I	By spouse

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Warrant	Â (3)	11/10/2011	Common Stock	107,000 (4)	\$ 5.4	I	By spouse as UGMA custodian for daughter

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Brogdon Christopher F 593 ATLANTA STREET ROSWELL, GA 30075	Â	Â X	Â	Â

## Signatures

/s/ Christopher F. Brogdon  
11/21/2008  
 \*\*Signature of Reporting Person                      Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- Nine hundred (900) shares of common stock were inadvertently omitted from the reporting person's original Form 3. In addition, three
- (1) hundred fifty eight (358) shares of common stock were incorrectly reported on his original Form 3 as directly owned by the reporting person instead of indirectly owned.
  - (2) Three hundred fifty eight (358) shares of common stock indirectly owned by the reporting person were inadvertently omitted from the reporting person's original Form 3.
  - (3) The Warrants are currently exercisable.
  - (4) Four thousand (4,000) Warrants indirectly owned by the reported person were inadvertently omitted from his original Form 3.

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.