Wade Gary L Form 5 February 13, 2013

**OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Wade Gary L Symbol ADCARE HEALTH SYSTEMS INC (Check all applicable) [ADK] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) \_X\_ Director 10% Owner Officer (give title (Month/Day/Year) Other (specify below) below) 12/31/2012 **4714 MERRIMONT AVENUE** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) SPRINGFIELD, OHÂ 45503 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting (State) (City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) (D) Price Amount Common Â Â Â Â Â Â Â 246,853 (1) Stock Persons who respond to the collection of information Reminder: Report on a separate line for each class of SEC 2270 securities beneficially owned directly or indirectly. contained in this form are not required to respond unless (9-02)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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrants	\$ 1.05 (2)	Â	Â	Â	Â	Â	01/01/2008	11/16/2017	Common Stock	58,883 (2)
Warrants	\$ 1.94 (2)	Â	Â	Â	Â	Â	01/01/2009	11/16/2017	Common Stock	58,883 (2)
Warrants	\$ 2.59 (2)	Â	Â	Â	Â	Â	01/01/2010	11/16/2017	Common Stock	58,883 (2)
Warrants	\$ 3.46 (2)	Â	Â	Â	Â	Â	01/01/2011	11/16/2017	Common Stock	58,883 (2)
Options	\$ 4.11 (2)	Â	Â	Â	Â	Â	11/18/2011	11/18/2016	Common Stock	10,500 (2)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r	Director	10% Owner	Officer	Othe			
Wade Gary L							
4714 MERRIMONT AVENUE	ÂΧ	Â	Â	Â			
SPRINGFIELD, OH 45503							

## **Signatures**

Carol Groeber for Gary Wade by power of attorney 02/13/2013

\*\*Signature of Reporting Person

## **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) Change in ownership is a result of a 5% stock dividend awarded to all stockholders as of October 8, 2012.
- (2) The exercise price and number of warrants/options have been adjusted to reflect the 5% stock dividend awarded to all stockholders as of October 8, 2012.

Date

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.

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