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AMERICAN RETIREMENT CORP

Form 3

November 22, 2005

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

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person * 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol Requiring Statement SEWARD JAMES R AMERICAN RETIREMENT CORP [ACR] (Month/Day/Year) (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original 11/15/2005 Person(s) to Issuer Filed(Month/Day/Year) C/O AMERICAN RETIREMENT (Check all applicable) CORPORATION. 111 WESTWOOD PLACE, SUITE 200 _X__ Director (Street) Owner 6. Individual or Joint/Group Officer Other Filing(Check Applicable Line) (give title below) (specify below) _X_ Form filed by One Reporting Person BRENTWOOD, Â TNÂ 37027-5035 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 2. Amount of Securities 1. Title of Security Ownership (Instr. 4) Beneficially Owned Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock D 100,000 Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2. Date Exercisable and 3. Title and Amount of 1. Title of Derivative Security 4. 6. Nature of Indirect Ownership (Instr. 4) **Expiration Date** Securities Underlying Conversion Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) Derivative (Instr. 4) Price of Derivative Security: Title

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Date Expiration Amount or Security Direct (D)

Exercisable Date Number of Shares (I)

(Instr. 5)

Reporting Owners

Relationships

Reporting Owner Name / Address

 $\begin{array}{ccc} \text{Director} & \frac{10\%}{\text{Owner}} & \text{Officer} & \text{Other} \end{array}$

SEWARD JAMES R C/O AMERICAN RETIREMENT CORPORATION 111 WESTWOOD PLACE, SUITE 200 BRENTWOOD, TNÂ 37027-5035

 \hat{A} X \hat{A} \hat{A} \hat{A}

Signatures

/s/ James R. Seward 11/22/2005

**Signature of Date
Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

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.

Reporting Owners 2

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).