### Edgar Filing: Manning Laurie - Form 4

Manning Laurie Form 4 March 05, 2019									
FORM 4 UNITED STATE					OMB A	PPROVAL			
UNITED STATE	S SECURITIES A Washington,		IGE COMMI	SSION	OMB Number:	3235-0287			
Check this box						January 31, 2005			
subject to STATEMENT (	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								
Section 16.	SECURITIES								
Form 4 or Form 5 Filed pursuant to									
abligations Theu pursuant to	Section 16(a) of the								
may continue. Section 17(a) of the	Public Utility Hold	• • •		r Section	n				
See monderion	) of the Investment	Company Act	of 1940						
1(b).									
(Print or Type Responses)									
1. Name and Address of Reporting Person <sup>*</sup>	g 5. Relati	ionship of Reporting Person(s) to							
Manning Laurie	Symbol	ıbol							
	Addus HomeCare	IS HomeCare Corp [ADUS]			(Check all applicable)				
(Last) (First) (Middle)	3. Date of Earliest Tra	3. Date of Earliest Transaction			k all applicable				
(Month/Day/Year)				Director 10% Owner					
6801 GAYLORD	03/01/2019	/01/2019			XOfficer (give titleOther (specify below)				
PARKWAY, SUITE 110	· · · · · · · · · · · · · · · · · · ·	EVP/Chief Human Resources Off.							
(Street)	4. If Amendment, Dat	nendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Applicable Line)							
			One Reporting Po						
FRISCO, TX 75034			Porm Person	med by M	Iore than One R	eporting			
(City) (State) (Zip)	Table I - Non-D	erivative Securit	ies Acquired, Di	sposed of	, or Beneficia	lly Owned			
1.Title of 2. Transaction Date 2A. De	eemed 3.	4. Securities	5. Amour	nt of	6. Ownership	7. Nature of			
• • • •		onAcquired (A) o Disposed of (D			Form: Direct	Indirect			
(Instr. 3) any (Mont	Code h/Day/Vear) (Instr 8)		Beneficially (1		Beneficial Ownership				
(initial	(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Indirect (I) (Instr. 4)	(Instr. 4)			
		(A)	Reported						
		or	Transaction (Instr. 3 a						
	Code V	Amount (D)	Price (Instr. 5 a	ina +)					
Common 03/01/2019 Stock	А	2,436 A (1)	\$ 0 13,973	]	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)

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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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
i o	Director	10% Owner	Officer	Other				
Manning Laurie 6801 GAYLORD PARKWAY SUITE 110 FRISCO, TX 75034			EVP/Chief Human Resources Off.					
Signatures								
/s/ Brian Poff, Attorney-In-Fact Manning	for Lauri	e	03/05/2019					
<b>**</b> Signature of Reporting Per	son		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 shares vest in equal installments on each of the first three anniversaries of the grant date.

#### **Remarks:**

Exhibit Index: Exhibit 24 - Power of Attorney for Laurie Manning dated September 5, 2017

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.