## Edgar Filing: LOWELL WAYNE B - Form 4

| LOWELL W.   | AYNE B            |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
|---|-------------------|--------------------|---|----------------------|------------------|------------------------------|----------|---|------------------|---------------------------------------|--|--|
| Form 4  |                   |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
| June 22, 2012   |                   |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
| FORM  | <b>4 UNITE</b>    | D статес           | SECUD   | ITIES AT             | ND EV(           | <b>' I I A P</b>             | NCE      | COMMISSION                                    | r                | PPROVAL                               |  |  |
|   | UNITE             | DSIAILS            |   | hington,             |                  |                              | NGE      |   | OMB<br>Number:   | 3235-0287                             |  |  |
| Check this  | s box             |                    | <b>v v a</b> .51  | inigton,             | D.C. 20.         | <b>--/</b>                   |          |   |                  | January 31,                           |  |  |
| if no longer<br>which the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF |                   |                    |   |                      |                  |                              | Expires: | 2005  |                  |                                       |  |  |
| subject to<br>Section 16  |                   | SECURITIES         |   |                      |                  |                              |          |   |                  | Estimated average<br>burden hours per |  |  |
| Form 4 or   |                   |                    |   |                      |                  |                              |          |   | response         | •                                     |  |  |
| Form 5  | ~ <b>^</b>        |                    |   |                      |                  |                              | -        | ge Act of 1934,                               |                  |                                       |  |  |
| obligation<br>may contin  |                   |                    |   | •                    | •                | - ·                          |          | of 1935 or Sectio                             | n                |                                       |  |  |
| See Instru  |                   | 30(h)              | of the Inv  | estment (            | Company          | y Act                        | of 19    | 40  |                  |                                       |  |  |
| 1(b).   |                   |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
| (Print or Type R  | esponses)         |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
|   | 1                 |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
|   | dress of Reportin | ng Person <u>*</u> | 2. Issuer   | Name and '           | Ticker or T      | Гradin                       | g        | 5. Relationship of                            | f Reporting Per  | son(s) to                             |  |  |
| LOWELL WAYNE B Symbol Issuer  |                   |                    |   |                      | Issuer           |                              |          |   |                  |                                       |  |  |
| Addus   |                   |                    |   | lomeCare             | Corp [A          | DUS                          | 5]       | (Check all applicable)                        |                  |                                       |  |  |
| (Last)  | (First)           |                    |   |                      |                  |                              | (Chee    | ek un upplicuble)                             |                  |                                       |  |  |
|   |                   |                    |   | ay/Year)             |                  |                              |          | _X_Director10% Owner                          |                  |                                       |  |  |
| 2401 SOUTH PLUM GROVE 06/20/2   |                   |                    |   | .012                 |                  |                              |          | Officer (give titleOther (specifybelow)below) |                  |                                       |  |  |
| ROAD  |                   |                    |   |                      |                  |                              |          |   |                  |                                       |  |  |
|   |                   |                    |   | dment, Date Original |                  |                              |          | 6. Individual or Joint/Group Filing(Check     |                  |                                       |  |  |
| • • • •   |                   |                    |   |                      | Applicable Line) | )<br>by One Reporting Person |          |   |                  |                                       |  |  |
| PALATINE,   | IL 60067          |                    |   |                      |                  |                              |          | Form filed by M                               |                  |                                       |  |  |
| · · · · · · · · · · · · · · · · · · ·                                     | IL 00007          |                    |   |                      |                  |                              |          | Person  |                  |                                       |  |  |
| (City)  | (State)           | (Zip)              | Table   | I - Non-De           | erivative S      | Securi                       | ties Ac  | quired, Disposed o                            | f, or Beneficial | ly Owned                              |  |  |
| 1.Title of  | 2. Transaction I  | Date 2A. Dee       | med   | 3.                   | 4. Securi        |                              |          | 5. Amount of                                  | 6. Ownership     | 7. Nature of                          |  |  |
| Security  | (Month/Day/Ye     |                    | on Date, if TransactionAcquired (A) or<br>Code Disposed of (D)<br>'Day/Year) (Instr. 8) (Instr. 3, 4 and 5) |                      |                  |                              |          |   | Form: Direct     | Indirect                              |  |  |
| (Instr. 3)  |                   | any<br>(Month/     |   |                      |                  |                              |          | Beneficially<br>Owned                         | Indirect (I) Ow  | Beneficial<br>Ownership               |  |  |
|   |                   | ,                  | •   |                      |                  |                              |          | Following                                     |                  | (Instr. 4)                            |  |  |
|   |                   |                    |   |                      |                  | (A)                          |          | Reported<br>Transaction(s)                    |                  |                                       |  |  |
|   |                   |                    |   |                      |                  | or                           | р.       | (Instr. 3 and 4)                              |                  |                                       |  |  |
| Common  |                   |                    |   | Code V               | Amount 6,563     | (D)                          | Price    |   |                  |                                       |  |  |
| Stock   | 06/20/2012        |                    |   | А                    | (1)              | А                            | \$0      | 9,636   | D                |                                       |  |  |
| Stoon   |                   |                    |   |                      | —                |                              |          |   |                  |                                       |  |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | Code V                                 |   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                              |            |          | Relationsh |         |       |
|--|------------|----------|------------|---------|-------|
|  |            | Director | 10% Owner  | Officer | Other |
| LOWELL WAYNE B<br>2401 SOUTH PLUM GROVE ROAD<br>PALATINE, IL 60067 |            | Х        |            |         |       |
| Signatures   |            |          |            |         |       |
| /s/ Wayne<br>Lowell  | 06/21/2012 | ,        |            |         |       |
| <u>**</u> Signature of<br>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) 2,069 of the shares vest on January 3, 2013 and 4,494 of the shares vest on the first anniversary of the grant date.

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.