#### **ZOCCOLI JAMES**

Form 4

February 27, 2019

# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

3235-0287 Number: January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

See Instruction

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

burden hours per response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ZOCCOLI JAMES			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
			Addus HomeCare Corp [ADUS]									
(Last)	(First) (	(Middle)	3. Date of	Earliest Tr	ansaction							
			(Month/D	ay/Year)				Director		Owner		
6801 GAYLORD			02/26/2019					X Officer (give title Other (specify below)				
PARKWA	Y, SUITE 110							· · · · · · · · · · · · · · · · · · ·	formation Office	cer		
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year	)		Applicable Line)					
FRISCO, T	X 75034							_X_ Form filed by C Form filed by M Person	One Reporting Per More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	on Date, if Transaction(A) or Disposed of (D)					Securities	Indirect			
(Instr. 3)		any		Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial		
		(Month/D	ay/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						(A)		Reported	(111501. 4)	(msu. 4)		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	02/26/2019			S <u>(1)</u>	665	D	\$ 69.27	22,994	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: ZOCCOLI JAMES - Form 4

	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4.	5.	6. Date Exerc Expiration D		7. Titl		8. Price of Derivative	9. Nu Deriv
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(	any (Month/Day/Year)	Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ve s		Amou Under Securi (Instr.	, ,	(Instr. 5)	Secur Bene Owne 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

Director 10% Owner Officer Other

ZOCCOLI JAMES 6801 GAYLORD PARKWAY SUITE 110 FRISCO, TX 75034

Chief Information Officer

### **Signatures**

/s/ Brian Poff, Attorney-In-Fact for James Zoccoli

02/27/2019

\*\*Signature of 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) This transaction reflects the sale of shares, made pursuant to a previously established 10b5-1 plan, for the purpose of satisfying tax obligations due upon the vesting of restricted stock awards granted by the Issuer.

#### **Remarks:**

Exhibit Index: Exhibit 24 - Power of Attorney for James Zoccoli dated November 1, 2016

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.

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