

SUNLINK HEALTH SYSTEMS INC
 Form 4
 May 16, 2008

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Shaunnessy George D.

2. Issuer Name and Ticker or Trading Symbol
 SUNLINK HEALTH SYSTEMS INC [SSY]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 900 CIRCLE 75
 PARKWAY, SUITE 1120
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 05/13/2008

____ Director
 ____ Officer (give title below) 10% Owner
 ____ Other (specify below)
 Pres/CEO Sunlink Homecare Svcs

ATLANTA, GA 30339

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership Indirect Beneficial Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities
------------------------	---------------	--------------------------------------	-------------------------------	----------------	-------------------------	---	--

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form 4

Security (Instr. 3) or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)			(Instr. 3 and 4)		
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares		
Employee Stock Options ⁽¹⁾	\$ 5.5 05/13/2008	A	40,000	05/13/2008	05/12/2015	Common Stock	40,000		
Employee Stock Options ⁽¹⁾	\$ 5.5 05/13/2008	A	60,000	⁽²⁾	05/12/2015	Common Stock	60,000		
Employee Stock Options ⁽¹⁾	\$ 8 05/13/2008	A	100,000	⁽³⁾	05/12/2015	Common Stock	100,000		

Reporting Owners

Reporting Owner Name / Address	Relationships
	Director 10% Owner Officer Other
Shaunnessy George D. 900 CIRCLE 75 PARKWAY SUITE 1120 ATLANTA, GA 30339	Pres/CEO Sunlink Homecare Svcs

Signatures

/s/M. Timothy Elder, pursuant to a power of attorney
05/16/2008

__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) Granted 5/13/2008 pursuant to the 2005 Equity Incentive Plan.
- (2) These options vest in three equal installments on 05/13/2009, 05/13/2010 and 05/13/2011, respectively.
- (3) These options vest in five equal installments on 05/13/2009, 05/13/2010, 05/13/2011, 05/13/2012 and 05/13/2013, respectively.

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.