FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Inchryation 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	: 0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* POFF BRIAN				2. Iss	Section 30(ff) of the investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Addus HomeCare Corp [ADUS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 6303 COWBOYS WAY SUITE 600						3. Date of Earliest Transaction (Month/Day/Year) 08/04/2022								X	belov	v) `	(give title Other below /Chief Financial Office			
(Street)	TX	. 7	5034		4. If <i>i</i>	Amend	ment, Da	ate o	of Original Filed (Month/Day/Year)					6. Indi _ine) X	'					
(City)	(Sta		Zip)																	
1. Title of Security (Instr. 3) 2. Trans. Date			2. Transacti	ion 2A. Deemed Execution Date,		э,	3. Transa Code (I	ction	posed of, or Benefi 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			or 5. Amount of Securities Beneficially Owned Foll		ount of ties cially d Following	Forr (D) (Form: Direct	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Report Transa (Instr.	ted action(s) 3 and 4)			(Instr. 4)	
Common Stock			08/04/2	022				S		3,621	D	\$92.)2.93(1)		30,017		D			
Common	Common Stock 08/04/2			08/04/2)22			S		2,388	D	\$94.	13(2)	3 ⁽²⁾ 27,629		D				
Common Stock 08/04/20			022			S		964	D	\$94.	95 ⁽³⁾	26,665		D						
		Tal	ble II								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed	ed 4. Trans Code		5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5)	ber tive ties ed	6. Date Exe Expiration (Month/Day		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. F Dei Sec (Ins	Price of ivative derivative Securitie Beneficia Owned Followin Reporter Transact (Instr. 4)		e O s Fe lly D o (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. This price represents the weighted average purchase price of multiple transactions on the reported date at prices that ranged between \$92.65 and \$93.61. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the issuer, or a security holder of the issuer.
- 2. This price represents the weighted average purchase price of multiple transactions on the reported date at prices that ranged between \$93.72 and \$94.61. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the issuer, or a security holder of the issuer.
- 3. This price represents the weighted average purchase price of multiple transactions on the reported date at prices that ranged between \$94.74 and \$95.31. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the issuer, or a security holder of the issuer.

This transaction reflects the sale of shares made pursuant to a previously established 10b5-1 plan.

08/08/2022 /s/ Brian Poff

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.