FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

intended to satisfy the affirmative

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

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

1. Name and Address of Reporting Person* POFF BRIAN						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 Officer (give title Other (specify below) EVP/Chief Financial Officer					
(Last) (First) (Middle) 6303 COWBOYS WAY SUITE 600						3. Date of Earliest Transaction (Month/Day/Year) 09/12/2024													
(Street) FRISCO TX 75034 (City) (State) (Zip)				Line) ✓ Forr Forr										Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
1 Title of	Socurity (Incl		I - N	on-Deriva	_	Secur		1	quire	d, Di	sposed of	-		cially	1	ed ount of	6.0	wnership	7. Nature
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye Common Stock 09/12/202					Execution (ear)				Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4			id 5)	Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership
										v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
					24				S ⁽¹⁾)	5,410	D	\$128.5 ⁽²⁾		26,134		D		
Common Stock 09/12/202					24			S ⁽¹⁾		1,429	D	\$129.	.09(3)	2-	24,705		D		
		Tal	ble II	- Derivati (e.g., pu							oosed 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)	Exec if any	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	te Exer ration D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					Code	V	(A)	(D)	Date	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. This transaction reflects the sale of shares made pursuant to a previously established 10b5-1 plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$127.94 to \$128.84, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) and (3) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$128.96 to \$129.25, inclusive.

/s/ Brian Poff

09/13/2024

** 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.