FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

C Deletionship of Deporting December (a) to Jacus

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  KLINK DONALD						Addus HomeCare Corp [ ADUS ]									c all applicable)  Director  Officer (give title			10% Ov Other (s	ner
(Last) 2300 WA	(F ARRENVIL	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015									below)	hief Fina	below)			
GROVE	DOWNERS IL 60515 GROVE			4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indivi ne) X						
(City)	(S	tate)	(Zip)																
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				saction	Execution Date,			3. Transac	3. 4. Securit Transaction Code (Instr. 5)			of, or Beneficial ties Acquired (A) or d Of (D) (Instr. 3, 4 and			nt of es ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	unt (A) or Pi		- 1	Reported Transaction(s) (Instr. 3 and 4)					
Common	Stock			05/1	1/201	5			A		10,000	) <sup>(1)</sup> A	\$0.	00	10,	000	000 D		
		-	Table II -								osed of, onverti			y Ov	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		of E		6. Date Ex Expiration (Month/Da	Date	!	of Securi Underlyii	ig e Security	Derivativ Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$26.49	05/11/2015			A		40,000		(2)	C	05/11/2025	Common Stock	40,000		\$0.00	40,000	0	D	

## **Explanation of Responses:**

- 1. The shares vest in three equal installments on each of the first three anniversaries of the grant date.
- 2. The options vest in four equal installments on each of the first four anniversaries of the grant date.

## Remarks:

/s/ Donald Klink

05/13/2015

\*\* 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.