FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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

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* ALLISON R DIRK | | | | | | 2. Issuer Name and Ticker or Trading Symbol Addus HomeCare Corp [ADUS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| ALLISO | JN R DII | <u>KK</u> | | | | Trada Trome oure ourp [11500] | | | | | | | | | X | Direc | ctor | | 10% C | wner | |
| (Last) (First) (Middle) 2401 SOUTH PLUM GROVE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/19/2013 | | | | | | | | | | | Officer (give title pelow) | | Other (specify below) | | |
| 2401 500 | JIIIILON | I GROVE ROZE | | | 4 15 | ^ | | D-4 | f Oni-i | | / | | > | - | to all | | . 1-:+/0 | | (Ol I. A | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | | |
| PALATINE IL 60067 | | | | | | | | | | | | | | X | | n filed by Moi | lore than One Reporting | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or | Bene | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Ex | | 2A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | | Securities I Beneficially (| | 6. Own Form: (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111301.4) | |
| Common | Stock | | | 06/19/ | /2013 | | | | A | | 1,007(| 1) | A | \$ <mark>0</mark> . | 00 | 1 | 1,267 |] | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transa Code | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/E | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or India (I) (Inst | nership m: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | |

Explanation of Responses:

1. The 1,007 shares vest on the first anniversary of the grant date.

<u>/s/ R. Dirk Allison</u> <u>06/21/2013</u>

** 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.