FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

EARLEY MICHAEL Re		Date of Event equiring Staten Month/Day/Year 3/28/2014	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol Addus HomeCare Corp [ ADUS ]							
(Last) 2401 SOUTH	(First) PLUM GROVI	(Middle)	_		Relationship of Reporting Pers (Check all applicable)     X Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check		
(Street) PALATINE	IL	60067				Officer (give title below)	Other (spe below)		pplicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration (Month/Da		Expiration Da			3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	ı Title		Amount or Derivat Securit Number of Shares		Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Michael Earley 04/01/2014

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).