FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Washington	DC 1	0540		

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

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

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

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 intended to satisfy the affirmative defense conditions of Rule 10b5Filed 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* BICKHAM W BRADLEY				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					wner		
(Last) (First) (Middle) 6303 COWBOYS WAY SUITE 600				3. Date of Earliest Transaction (Month/Day/Year) 08/29/2024								Officer (give title Other (specify below) President and COO							
(Street) FRISCO TX 75034 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applica Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					on
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 and 10)			d (A) or	5. Amount of Securities Beneficially Owned Following		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
Common Stock 08/29/202								Code	e V	Amount 3,520	(A) or (D)	Price \$132.	15(1)	Reported Transaction(s) (Instr. 3 and 4)		D	(Instr. 4)		
Common Stock 08/30/202							S		1,480	D	\$132.					D			
		Та	ble II								oosed of, convertib				Owne	d 			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Exec if any	Deemed ution Date, / th/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rice of ivative derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Owners (Instr. 4)		
					Code	v			Date Exercisable		Expiration Date	Amou or Numb of Title Share							

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$132.00 to \$132.45, 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 (1) and (2) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$132.00 to \$132.52, inclusive.

/s/ Brian Poff, Attorney-in-Fact for W. Bradley Bickham

09/03/2024

** Signature of Reporting Person

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.