Edgar Filing: GILMORE BARBARA D - Form 4

GILMORE BA	ARBARA D										
May 15, 2009 FORM Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	Filed p Inc. Section 1	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							OMB Number: Expires: Estimated a burden hou response	Number:3235-028Expires:January 3Estimated averageburden hours perresponse0.	
1. Name and Add GILMORE BA	2. Issuer Name and Ticker or Trading Symbol FIVE STAR QUALITY CARE INC [FVE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O FIVE ST. INC., 400 CEI	3. Date of Earliest Transaction (Month/Day/Year) 05/14/2009					X_ Director 10% Owner Officer (give title Other (specify below) below)					
NEWTON, M	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
Security (Instr. 3)	2. Transaction I Month/Day/Ye	ransaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi nAcquired Disposed (Instr. 3, Amount	ties l (A) c l of (D	or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock	05/14/2009			А	7,500	А	<u>(1)</u>	29,751	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: GILMORE BARBARA D - Form 4

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other GILMORE BARBARA D C/O FIVE STAR QUALITY CARE, INC. Х **400 CENTRE STREET** NEWTON, MA 02458 Signatures /s/ Barbara D. Gilmore 05/14/2009 **Signature of Date Reporting Person

Explanation of Responses:

- * 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).
- (1) Transaction reported is grant of shares pursuant to issuer's incentive share award plan or plans.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.