Edgar Filing: HOLLISTER ROBERT F - Form 4

HOLLISTER	ROBERT F										
Form 4	012										
January 19, 2									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 subject to Form 5 Filed pursuant to Section 16				GES IN BENEFICIAL OWN SECURITIES 6(a) of the Securities Exchange				e Act of 1934,	Expires: Estimated a burden hou response		
may contin <i>See</i> Instruct 1(b).	nue. Section 17(a			vestment (•	- ·		f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
1. Name and Ac HOLLISTEF	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer						
CAPIT. [CSU]				AL SENIOR LIVING CORP				(Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da 14160 DALLAS 01/19/20 PARKWAY, SUITE 300				-				Director 10% Owner X Officer (give title Other (specify below) below) Controller - Property			
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DALLAS, T	X 75254							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deer Month/Day/Year) Executio any (Month/I		n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or	Price \$	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/19/2012			S	2,560	D		6,500	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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addro	255	Relationships							
	Director	10% Owner	Officer	Other					
HOLLISTER ROBERT F 14160 DALLAS PARKWA SUITE 300 DALLAS, TX 75254	Y		Controller - Property						
Signatures									
/s/ Robert F. Hollister	01/19/2012								
<u>**</u> 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).

The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$7.44 to \$7.51, inclusive. The reporting person undertakes to provide Capital Senior Living Corporation, any stockholder of Capital Senior Living

(1) \$7.51, inclusive. The reporting person undertakes to provide Capital Senior Living Corporation, any stockholder of Capital Senior Living Corporation, 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 this footnote.

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.