#### Edgar Filing: HOLLISTER ROBERT F - Form 4

HOLLISTER	ROBERT F										
Form 4											
May 15, 2009	)										
FORM	1								PPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSIO</b> Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check thi		0					Expires:	January 31,			
if no long		ENT OI	F CHAN	GES IN F	BENEFI	CIA	LOW	NERSHIP OF		2005	
subject to STATEMENT OF C. Section 16.				SECURI	TIES				Estimated average burden hours per		
Form 4 or									response		
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934.										
obligation	$^{1S}$ Section 17(a)						-	f 1935 or Section	n		
may conti <i>See</i> Instru		30(h)	of the In	vestment (	Company	y Act	t of 194	40			
1(b).	lotion				-						
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <sup>*</sup> 2. Iss HOLLISTER ROBERT F Symbol				uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
HOLLISTE	K KOBEK I F		Symbol					ISSUEI			
	CAPITAL SENIOR LIVING CORP				CORP	(Check all applicable)					
			[CSU]								
(Last)	(Last) (First) (Middle) 3. Dat			of Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
				Month/Day/Year)				below) below)			
	LAS PARKWAY	SUITE	05/15/20	)09				CONTRO	LLER - PROPI	ERTY	
300											
(Street)			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										
								_X_Form filed by 0			
DALLAS, T	X 75254							Person		porting	
(City)	(State) (State)	Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deer	med	3.				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	on Date, if Transaction(A) or Disposed of					Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/	Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(INIOIIUI/I						Following	(Instr. 4)		
						( )		Reported	(Instr. 4)		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/15/2009			S	600	D	\$	10,380	D		
Stock	03/13/2009		5	000	D	4.31	10,500	D			
Common											
Stock	05/15/2009		S	1,380 D \$4		\$4.3	9,000	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.

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOLLISTER ROBERT F 14160 DALLAS PARKWAY SUITE 300 DALLAS, TX 75254			CONTROLLER - PROPERTY				
Cimpetures							

### Signatures

/s/ Robert F. 05/15/2009 Hollister

<u>\*\*</u>Signature of Reporting Person Date

# **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).

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.