SUNLINK HEALTH SYSTEMS INC

Form 4/A

September 26, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Estimated average

burden hours per

if no longer subject to Section 16. Form 4 or Form 5

Check this box

SECURITIES obligations

Symbol

INC [SSY]

may continue. See Instruction 1(b).

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

2. Issuer Name and Ticker or Trading

SUNLINK HEALTH SYSTEMS

(Print or Type Responses)

BRENNER KAREN B

1. Name and Address of Reporting Person *

| | | | [| ~ - 1 | | | | | | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|--|----------|----------------------------------------|----------------------------------|--------|------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| (Last) P.O. BOX | (Month/ | | | Day/Year) | Fransaction | | | | X Director 10% Owner Officer (give title below) Other (specify below) | | |
| File | | | | onth/Day/Ye | Oate Origina ar) | al | | 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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | | Date, if | 3. Transactic Code (Instr. 8) | or(A) or Di (D) (Instr. 3, | sposed | l of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 07/28/2011 | | | Р | 21,053 | A | \$ 1.9 | 59,469 | I | As Trustee of Fortuna Asset Management Defined Benefit Plan | |
| Common Stock | 07/28/2011 | | | P | 60,000 | A | \$ 1.9 | 192,182 (2) (3) | I | As sole member and manager of Fortuna Asset Management, LLC | |
| | 03/02/2011(4) | | | P(4) | 0 (4) | A | <u>(4)</u> | 21,761 (5) | I | By Spouse (5) | |

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| Common Stock (4) | | | | | | | | |
|---------------------|---------------|--------------|-------|----------|------------|-------|---|------------------------------------------------------|
| Common Stock (4) | 03/02/2011(4) | P(4) | 0 (4) | A | <u>(4)</u> | 5,000 | I | As General Partner of Courtland Investments |
| Common | 02/02/2011(6) | D (6) | 0 (6) | A | (6) | 7.500 | D | |

 $0^{(6)}$

Α

(6)

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

 $P^{(6)}$

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.

SEC 1474

(9-02)

D

9. Nu Deriv Secur Bene

Follo Repo Trans (Insti

7,500

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) | 4. Transact Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | te | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|----------------------------------------|-----------------------------------------------------|
| | | | Code V | (A) (D) | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

**Signature of Reporting Person

03/02/2011(6)

Stock (6)

| Reporting Owner Name / Address | Relationships | | | | | | | |
|-------------------------------------------|--------------------|--|---------|-------|--|--|--|--|
| | Director 10% Owner | | Officer | Other | | | | |
| BRENNER KAREN B | | | | | | | | |
| P.O. BOX 9109 | X | | | | | | | |
| NEWPORT BEACH, CA 92658 | | | | | | | | |
| Signatures | | | | | | | | |
| M. Timothy Elder, pursuant to a pattorney | power of | | 09/26/2 | 2011 | | | | |

Reporting Owners 2

Date

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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) Amended to correct inadvertent over-reporting of shares acquired by client-managed accounts as reflected on Form 4 dated August 1, 2011
- (2) Amended to correct prior inadvertent under-reporting of 1,000 shares in client-managed accounts.
- (3) This number includes shares that are held in client managed accounts, and the Reporting Person has only a limited power of attorney to buy or sell shares, but no power to vote such shares.
- (4) This row reflects indirect ownership which has not changed as a result of the transaction reported on this form.
- (5) Consists of 5,888 shares owned by Spouse's IRA and 15,873 shares owned by Ashwood Trust. Spouse is the Trustee and sole beneficiary of Ashwood Trust.
- (6) This row reflects direct ownership which has not changed as a result of the transaction reported on this form.

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.