

Edgar Filing: ARV ASSISTED LIVING INC - Form 4

ARV ASSISTED LIVING INC

Form 4

November 14, 2001

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 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(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol	6. R
KHOURY	ABDO	H.	ARV ASSISTED LIVING INC. (SRS)	I
(Last)	(First)	(Middle)		
245 FISCHER AVENUE, SUITE D-1			3. IRS Identification Number of Reporting Person, if an entity (Voluntary)	4. Statement for Month/Year OCTOBER, 2001
(Street)				5. If Amendment, Date of Original (Month/Year)
COSTA MESA	CALIFORNIA	92626		
(City)	(State)	(Zip)		

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIAL

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3. Transac- tion Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Specially Ow End of Mo (Instr. 3)
		Code V	Amount (A) or Price (D)	
COMMON STOCK	10/12/01	P	3,000 A \$1.30	28,300
COMMON STOCK				1,700

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

*If the form is filed by more than one reporting person, see Instruction 4(b)(v).

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIAL
(E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

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Explanation of Responses:

1 OPTION GRANTED ON MARCH 19, 1998 FOR 7,500 SHARES AT A STRIKE PRICE OF \$13.75
WAS SURRENDERED VOLUNTARILY TO THE COMPANY.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations.
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ A

**Sig

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.