#### **BURLESON GENE E** Form 4/A

January 19, 2018

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

response...

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average burden hours per

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

BURLESON GENE E Sy			2. Issuer Name and Ticker or Trading Symbol SUNLINK HEALTH SYSTEMS INC [SSY]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	, , ,	(Month/I	3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director Officer (gives below)		% Owner her (specify	
320 ARGON	12/28/2	12/28/2017				.,	.,		
			If Amendment, Date Original				6. Individual or Joint/Group Filing(Check		
		`	nth/Day/Year	)			Applicable Line) _X_ Form filed by	One Reporting Pa	erson
ATLANTA, GA 30305-2814			01/02/2018				Form filed by More than One Reporting Person		
(City)	(State) (	(Zip) Tab	le I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ities		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if		onAcquired			Securities	Form: Direct	Indirect
(Instr. 3)		any (Month/Day/Year)	Code Disposed of (D) Year) (Instr. 8) (Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Month/Day/Tear)	(msu. o)	(msu. 3,	4 and	3)	Following	(Instr. 4)	(Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	()	(
Common Stock (1)	12/28/2017 <u>(1)</u>		S <u>(1)</u>	0 (1)	D	0 $(1)$	67,243	D	

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

#### Edgar Filing: BURLESON GENE E - Form 4/A

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. Transaction Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		nte	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BURLESON GENE E 320 ARGONNE DR ATLANTA, GA 30305-2814	X						

### **Signatures**

M. Timothy Elder, pursuant to a power of attorney 01/19/2018

### **Explanation of Responses:**

\*\*Signature of Reporting Person

- \* 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) Sale reported on Form 4 filed 01/02/2018 did not occur and was inadvertently reported.

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.

Date

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