CAPITAL SENIOR LIVING CORP

Form 4 May 19, 2006

FORM 4

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

OMB Number:

OMB APPROVAL

Expires:

5. Relationship of Reporting Person(s) to

Estimated average

3235-0287

January 31,

2005

0.5

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

obligations

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

2. Issuer Name and Ticker or Trading

burden hours per response... 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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

HOLLISTER ROBERT F Syn			Symbol		u Tickei oi			Issuer			
			[CSU]	CAPITAL SENIOR LIVING CORP [CSU]				(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest T Day/Year)	ransaction			Director 10% OwnerX_ Officer (give title Other (specify			
14160 DALLAS PARKWAY, SUITE 300			05/17/2006					below) below) Controller - Property			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
DALLAS, TX 75254				may Buyy Tee	,			Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock	05/17/2006			M	10,177	A	\$ 6.3	10,177	D		
Common Stock	05/17/2006			S	377	D	\$ 10.9	9,800	D		
Common Stock	05/17/2006			S	3,500	D	\$ 10.9	6,300	D		
Common Stock	05/17/2006			S	200	D	\$ 10.87	6,100	D		
Common Stock	05/17/2006			S	6,100	D	\$ 10.85	0	D		

Edgar Filing: CAPITAL SENIOR LIVING CORP - Form 4

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.

SEC 1474

(9-02)

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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Options	\$ 6.3	05/17/2006		M	10,177	<u>(1)</u>	12/03/2013	CSU	10,177	2

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

Signatures

/s/ Robert F. 05/18/2006 Hollister

**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).
- $\textbf{(1)} \quad \text{The option vested in three installments of } 33\%, 33\% \text{ and } 34\% \text{ on December } 3, 2003, 2004, \text{ and } 2005 \text{ respectively.}$
- (2) Granted pursuant to the Capital Senior Living Corporation 1997 Omnibus Stock and Incentive Plan.

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.

Reporting Owners 2