

ARV ASSISTED LIVING INC
Form 3
May 14, 2001

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FORM 3

U.S. SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1933
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. Date of Event Requiring Statement	4. Issuer Name and Ticker Trading Symbol
ALARCON MICHELLE (Last) (First) (Middle) 245 FISCHER AVENUE, #D-1 (Street) COSTA MESA, CALIFORNIA 92626 (City) (State) (Zip)	April 20, 2001 3. IRS or Social Security Number of Reporting Person (Voluntary)	ARV Assisted Living, 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 1 X Officer (give title below) Senior Vice President,

TABLE 1 -- NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
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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 5(b) (v).

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FORM 3 (CONTINUED)

TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED
(E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

[illegible]

Explanation of Responses:

(1) The options vest in three equal installments over a three year period. The first installment quarter immediately following the Company achieving a positive cash flow and profitability for the second and third installments will vest on the first and second anniversaries of such date. In no case will vesting begin later than December 14, 2005.

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

/s/ MICHELLE AL

**Signature of R

Note: File three copies of this Form, one of which must be manually signed.
If space provided is insufficient, See Instruction 6 for procedure.

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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