Brookdale Senior Living Inc.

Form 4 July 12, 2007

FORM 4

OMB APPROVAL

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

OMB 3235-0287

Check this box if no longer subject to Section 16.

Number: January 31, Expires: 2005

Estimated average burden hours per

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

response...

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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)

1. Name and Address of Reporting Person ** Waxman Samuel			2. Issuer Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
			Brookda	le Senior	Living Inc. [BKD]	(Che	ck all applicable	e)		
(Last)	(First) (1	Middle)	3. Date of	Earliest Tra	ansaction					
1150 FIFTH AVENUE			(Month/Da	ay/Year)		_X_ Director				
			07/10/20	007		Officer (give below)	e titleOth below)	Other (specify		
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORK, NY 10029						Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Securities Acc	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	te 2A. Dee	emed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature o		
Security	(Month/Day/Year)) Execution	on Date, if	Transactio	onAcquired (A) or	Securities	Form: Direct	Indirect		
(Instr. 3)		any		Code	Disposed of (D)	Beneficially	(D) or	Beneficial		

·		Table 1 - Non-Derivative Securities Acquired, Disposed of, of Deficiciany Owned							
1.Title of	2. Transaction Date	2A. Deemed	3.	3. 4. Securities			5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired (A) or			Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)
					(A)		Reported		
					or		Transaction(s)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	07/10/2007		A	344	A	\$0	28,203	D	
									By
Common Stock							5,048	I	Defined Benefit

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

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Plan

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title a		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Amount		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	_	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
					4, and 3)						
								A	mount		
						D.	E	01	r		
						Date	Expiration	Title N	umber		
						Exercisable	le Date	01			
				Code V	(A) (D)				hares		

Reporting Owners

Reporting Owner Name / Address		Keiationsinps					
	D:	1007 0	Occ:	-			

Other Director 10% Owner Officer

Waxman Samuel 1150 FIFTH AVENUE X NEW YORK, NY 10029

Signatures

/s/ T. Andrew Smith, By Power of 07/12/2007 Attorney

> **Signature of Reporting Person Date

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).

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.

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