

SUNLINK HEALTH SYSTEMS INC
 Form 3
 September 26, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Spurr Jack M.		(Month/Day/Year)	SUNLINK HEALTH SYSTEMS INC [SSY]	
(Last)	(First)	(Middle)	09/17/2007	
900 CIRCLE 75				
PARKWAY,Â SUITE 1120				
(Street)				
ATLANTA,Â GAÂ 30339				
(City)	(State)	(Zip)		
1. Title of Security		2. Amount of Securities Beneficially Owned	3. Ownership Form:	4. Nature of Indirect Beneficial Ownership
(Instr. 4)		(Instr. 4)	Direct (D) or Indirect (I)	(Instr. 5)
			(Instr. 5)	

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 VP, Hospital Financial Ops.

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

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

SEC 1473 (7-02)

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.

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

1. Title of Derivative Security	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security	6. Nature of Indirect Beneficial Ownership
(Instr. 4)	(Month/Day/Year)	(Instr. 4)			(Instr. 5)
	Date Exercisable	Title	Amount or Number of Shares	Direct (D) or Indirect (I)	

(Instr. 5)

Employee Stock Options <u>(1)</u>	06/25/2004	06/24/2009	Common Stock	6,250	\$ 2.5	D	Â
Employee Stock Options <u>(1)</u>	06/25/2005	06/24/2010	Common Stock	6,250	\$ 2.5	D	Â
Employee Stock Options <u>(1)</u>	06/25/2006	06/24/2011	Common Stock	6,250	\$ 2.5	D	Â
Employee Stock Options <u>(1)</u>	06/25/2007	06/24/2012	Common Stock	6,250	\$ 2.5	D	Â
Employee Stock Options <u>(2)</u>	Â <u>(3)</u>	02/17/2010	Common Stock	15,000	\$ 6.57	D	Â
Employee Stock Options <u>(4)</u>	Â <u>(5)</u>	11/10/2010	Common Stock	9,224	\$ 9.63	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Spurr Jack M. 900 CIRCLE 75 PARKWAY SUITE 1120 ATLANTA, GA 30339	Â	Â	Â VP, Hospital Financial Ops.	Â

Signatures

/s/M. Timothy Elder, pursuant to a Power of Attorney

09/26/2007

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Granted 6/25/2003 pursuant to the 2001 Equity Incentive Plan.
- (2) Granted 2/18/2005 pursuant to the 2001 Equity Incentive Plan.
- (3) These options vest in three equal installments beginning 2/18/2006. As of the date of this filing, 10,000 shares are exercisable, and the remaining 5,000 shares will become exercisable on 2/18/2008.
- (4) Granted 11/11/2005 pursuant to the 2005 Equity Incentive Plan.
- (5) These options vest in four equal installments beginning 11/11/2006. As of the date of this filing, 2,306 shares are exercisable, and the remaining shares will become exercisable in equal installments on 11/11/2007, 11/11/2008 and 11/11/2009, respectively.

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.