Clifford Tracy Simmons Form 5/A June 26, 2009 FORM 5

1(b).

Reported

Reported

(Last)

(City)

1.Title of

Security

(Instr. 3)

Form 4

OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations **OWNERSHIP OF SECURITIES** response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Transactions 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **Clifford Tracy Simmons** Symbol GOLF TRUST OF AMERICA INC (Check all applicable) [(GTA)](Middle) 3. Statement for Issuer's Fiscal Year Ended (First) Director 10% Owner Other (specify _X__ Officer (give title (Month/Day/Year) below) below) 12/31/2008 Chief Financial Officer C/O GOLF TRUST OF AMERICA, INC., Â 10 N. ADGER'S WHARF (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 06/26/2009 CHARLESTON, SCÂ 29401 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 2. Transaction Date 2A. Deemed 3. 4. Securities 6. Ownership 7. Nature of (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect Code Disposed of (D) Beneficially (D) or Beneficial anv (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) Amount (D) Price Persons who respond to the collection of information **SEC 2270** Reminder: Report on a separate line for each class of contained in this form are not required to respond unless securities beneficially owned directly or indirectly. (9-02)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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	Underlying Securities

Edgar Filing: Clifford Tracy Simmons - Form 5/A

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shar
Stock Option (right to buy)	\$ 1.9	01/18/2008	Â	А	16,667	Â	01/18/2009	01/18/2012	Common Stock	16,66

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Clifford Tracy Simmons C/O GOLF TRUST OF AMERICA, INC. 10 N. ADGER'S WHARF CHARLESTON, SC 29401	Â	Â	Chief Financial Officer	Â	
Signatures					
/s/ Tracy S					

/s/ Tracy S.	06/26/2009			
Clifford	00/20/2007			

<u>**</u>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).

Â

Remarks:

A person is deemed the beneficial owner of shares of stock that he has the right to acquire wit

On the Original Form 5 filed on 6/26/09, the reporting person was incorrectly listed as a director,

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.