#### NATIONAL HEALTHCARE CORP

Form 5/A April 13, 2005

**OMB APPROVAL** FORM 5 **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, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer ADAMS ROBERT G Symbol NATIONAL HEALTHCARE CORP (Check all applicable) [NHC] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) \_X\_ Director 10% Owner \_X\_\_ Officer (give title Other (specify (Month/Day/Year) below) below) 12/31/2004 President & CEO 100 VINE ST., SUITE 1400 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 01/21/2005 MURFREESBORO, TNÂ 37130 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature of Indirect Security (Month/Day/Year) Execution Date, if Transaction (A) or Disposed of (D) Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned at Direct (D) Ownership end of or Indirect (Instr. 4) Issuer's (I) Fiscal Year (Instr. 4) (A) (Instr. 3 and 4) Price Amount (D) Shares of Common Â Â Â Â Â Â Â 354,932 D Stock -SARA Shares of Common  $\frac{\$}{19.64} \quad 0 \frac{(1)}{2}$ 1,273 A 01/21/2005 Â Partnership J Ι Stock -**RAGS** 

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Shares of Common Stock - RAGS	12/31/2004	Â	G	60,769 (2)	D	\$ 0	0	Ι	Partnership
Shares of Common Stock - SJR	Â	Â	Â	Â	Â	Â	40,000	I	Partnership
			_						27.2 <b>22.</b> 2

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

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SEC 2270 (9-02)

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

		(e.g., puis, ca	ins, wai rants, optio	ns, convertible	c 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	e	7. Title and a Underlying (Instr. 3 and	Securiti
					(A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Share
Employee Stock Option-"Right to Buy"	\$ 20.9	Â	Â	Â	Â	02/22/2009	03/23/2009	Common Stock	200,

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
ADAMS ROBERT G 100 VINE ST., SUITE 1400 MURFREESBORO, TN 37130	ÂX	Â	President & CEO	Â			

# **Signatures**

Robert G. Adams	04/13/2003		
**Signature of Reporting Person	Date		

Reporting Owners 2

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### **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).
- (1) Total gifted on the next line.
- (2) Robert G. Adams, General Partner, owned 1% and gifted same to other family partnership.

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#### **Remarks:**

J: Rule 16b-3(c) acquisition for 2004 Plan Year, pursuant to the NHC Employee Stock Purchase 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.