HASSAN EMIL E Form 4

May 02, 2011

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction STATEMENT OF CHANGES IN 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(b).

(Last)

(City)

1.Title of

Security

(Instr. 3)

Shares of

Common

Shares of Series A Convertible

Preferred Stock

Stock

1. Name and Address of Reporting Person *

HASSAN EMIL E

(First)

(State)

(Month/Day/Year)

04/29/2011

(Zip)

2. Transaction Date 2A. Deemed

(Middle)

1704 IRBY LANE (Street)

MURFREESBORO, TN 37127

2. Issuer Name and Ticker or Trading

Symbol

NATIONAL HEALTHCARE CORP [NHC]

3. Date of Earliest Transaction (Month/Day/Year)

04/29/2011 4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities Acquired Execution Date, if

Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

M

Code V Amount (D) 12,000

(1)

(A)

or

Price

56,000

17,000

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

(Month/Day/Year)

Persons who respond to the collection of information contained in this form are not SEC 1474

(9-02)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6.

(I)

D

D

Ownership

Direct (D)

or Indirect

(Instr. 4)

Form:

X Form filed by One Reporting Person Form filed by More than One Reporting

(Check all applicable)

10% Owner Other (specify

7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

Issuer

below)

Person

X_ Director

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

Following

Reported

Transaction(s)

(Instr. 3 and 4)

Officer (give title

Estimated average

burden hours per

1

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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 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. Transactic Code (Instr. 8)	Secu Secu Acqu or Di (D)	rities nired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 44.25	04/29/2011		M		12,000	05/03/2006	05/02/2011	Common Stock	12,000
Option to Purchase Common Stock	\$ 52.5						04/24/2007	04/23/2012	Common Stock	15,000
Option to Purchase Common Stock	\$ 51.5						05/01/2008	05/01/2013	Common Stock	15,000
Option to Purchase Common Stock	\$ 37.7						05/05/2009	05/04/2014	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
. Programme and the same and th	Director	10% Owner	Officer	Other			
HASSAN EMIL E							
1704 IRBY LANE	X						
MURFREESBORO, TN 37127							
Signatures							

Emil E. Hassan 05/02/2011 **Signature of Reporting Person Date

2 Reporting Owners

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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) These stock options were granted pursuant to the Company's 2005 Stock Option Plan on May 3, 2006. The grant of these shares are exempt from Section 16(b) pursuant to Rule 16b-3(d).

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.