Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CORP

Form 4

November 08, 2013

FORM	1							OMB AP	PROVAL		
	UNITEDS	TATES SECU W	URITIES A Vashington,			NGE CO	MMISSION	OMB Number:	3235-0287		
Check this if no longe								Expires:	January 31,		
subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNER SECURITIES					Estimated average burden hours per response 0.			
Form 5 obligations may continue See Instruction.	Section 17(a)	uant to Section of the Public 30(h) of the	Utility Hold	ling Com	pany	Act of 1	Act of 1934, 935 or Section				
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person * POWELL JULIA W								Relationship of Reporting Person(s) to suer			
		[NHC					(Спеск	all applicable)			
(Last) 3712 LASCA		(Mont	e of Earliest Tra n/Day/Year) n/2013	ansaction			Director _X Officer (give ti elow) Sr. V.P		Owner (specify		
	(Street)		mendment, Da Month/Day/Year)	_		A	. Individual or Joir pplicable Line) X_ Form filed by On				
MURFREES	BORO, TN 3713	0				_	Form filed by Mo erson				
(City)	(State) (Z	Zip) T	able I - Non-D	erivative S	Securi	ties Acquir	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	Code ear) (Instr. 8)	or Dispos (Instr. 3,	sed of 4 and (A) or	5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Shares of Common Stock in my name and my spouse's name	11/08/2013		S S	Amount 1,531	D	Price \$ 50.1495	105,830	D			
Shares of Series A Convertible Preferred Stock							83,010	D			

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

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

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.

SEC 1474 (9-02)

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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ve es il		Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to purchase Common Stock	\$ 46.69					12/04/2012	02/29/2016	Common Stock	32,000	

Relationships

Reporting Owners

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
POWELL JULIA W			Sr. V.P.,				
3712 LASCASSAS PIKE			Patient				
MURFREESBORO, TN 37130			Services				

Signatures

Julia W. Powell by Kristina R. Hulsey, P.O.A.

**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.

Reporting Owners 2