Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4/A

NATIONAL HEALTHCARE CORP

Form 4/A

Convertible

Preferred Stock

November 22, 2013

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading ABERNATHY JAMES PAUL Issuer Symbol NATIONAL HEALTHCARE CORP (Check all applicable) [NHC] 3. Date of Earliest Transaction (Last) (First) (Middle) X_ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 2102 GREENLAND DRIVE 11/20/2013 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person 11/20/2013 Form filed by More than One Reporting MURFREESBORO, TN 37130 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 5. Amount of 7. Nature of 3. 4. Securities Acquired 6. Execution Date, if Security (Month/Day/Year) Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) (A) (Instr. 4) Transaction(s) or (Instr. 3 and 4) V Amount (D) Price Shares of Common 11/20/2013 S 48 D 22,535 D Stock Shares of Series A

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 (9-02)

12,388

D

OMB APPROVAL

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4/A

required to respond unless 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 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Y	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	\$ 45.8					05/09/2011	05/08/2016	Common Stock	6,312	
Option to Purchase Common Stock	\$ 44.8					05/03/2012	05/02/2017	Common Stock	7,500	
Option to Purchase Common Stock	\$ 47.45					05/08/2013	05/07/2018	Common Stock	7,500	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer Other			
ABERNATHY JAMES PAUL 2102 GREENLAND DRIVE MURFREESBORO, TN 37130	X					
Signatures						

Signatures

J. Paul Abernathy by Kristina R. Hulsey, P.O.A. 11/22/2013

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4/A

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.