Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CORP

Form 4

September 12, 2014

FORM -	4								PROVAL
	UNITE	ED STATES		ΓΙΕS AN ington, D			COMMISSION	OMB Number:	3235-0287
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations	Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934.						Expires: January 31, 2005 Estimated average burden hours per response 0.5		
may continu See Instructi 1(b).	e.		Public Utili of the Inve	•		•	f 1935 or Sectio 40	on	
(Print or Type Res	ponses)								
1			2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTHCARE CORP [NHC]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 2102 GREENLAND DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 09/11/2014			X Director 10% Owner Officer (give title below) Other (specify below)			
	(Street)	t) 4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
MURFREESB							Person	More than One Re	porting
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Se	curities Acc	quired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if any		Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)		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				Code V	Amouill	(D) FIIC			

S

606

D

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

09/11/2014

Common

Shares of Series A Convertible

Preferred Stock

Stock

Persons who respond to the collection of information contained in this form are not (9-02)

D

D

\$ 58 20,937

12,388

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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. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				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	3,583	
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	
Option to Purchase Common Stock	\$ 52.93					05/08/2014	05/07/2019	Common Stock	7,500	

Reporting Owners

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

Reporting Owners 2

Relationships

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Signatures

J. Paul Abernathy by Kristina Hulsey,

P.O.A. 09/12/2014

**Signature of Reporting Person

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).

Date

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.

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