Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CORP

Form 4

November 19, 2014

(Last)

(Middle)

(First)

7097 FRANKLIN ROAD

FORM 4				OMB AF	PPROVAL		
1 011111 4	UNITED STATES	S SECURITIES AND EXCHANGE O Washington, D.C. 20549	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer		F CHANGES IN BENEFICIAL OW	MEDCHID OF	Expires:	January 31, 2005		
subject to Section 16. Form 4 or	STATEMENTO	Estimated a burden hour response	verage rs per				
Form 5 obligations may continue. See Instruction 1(b).	Form 5 obligations may continue. See Instruction 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 Respons	ses)						
1. Name and Address BURGESS ERNE	of Reporting Person * EST G III	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Issuer	Reporting Pers	on(s) to		
		NATIONAL HEALTHCARE CORP [NHC]	(Check	all applicable)		

(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
MUREREESBORO TN 37128		Form filed by More than One Reporting

3. Date of Earliest Transaction

(Month/Day/Year)

11/17/2014

X Director

Officer (give title

10% Owner

_ Other (specify

	Filed(Month/Day/Year)	Applicable Line)
MURFREESBORO, TN 37128		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

(City)	(State) (Z	ip) Table	I - Non-De	rivative S	ecurit	ies Acqui	red, Disposed of,	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Shares of Common Stock	11/17/2014		Code V S	Amount 1,000		Price \$ 60.29	(Instr. 3 and 4) 0 (1)	D	
Shares of Common Stock	11/17/2014		G	1,775	D	\$ 0	95,221	D	
Shares of Series A Convertible Preferred Stock							146,210	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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	7,500	
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	Relationships						
1	Director	10% Owner	Officer	Other			
BURGESS ERNEST G III 7097 FRANKLIN ROAD MURFREESBORO, TN 37128	X						

Reporting Owners 2

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

Date

Signatures

Ernest G. Burgess, III by Kristina Hulsey, P.O.A.

**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).
- (1) Transaction totaled on the line below

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.

Signatures 3