#### Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

#### NATIONAL HEALTHCARE CORP

Form 4

August 25, 2015

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** OMB 3235-0287 Number:

Check this box if no longer subject to

Washington, D.C. 20549

January 31, Expires: 2005

Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per 0.5 response...

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

1(b).

(Print or Type Responses)

held in Partnership

	(	,											
1. Name and Address of Reporting Person * ADAMS ROBERT G				2. Issuer Name <b>and</b> Ticker or Trading Symbol NATIONAL HEALTHCARE CORP			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)						
				[NHC]					(Check an a	ppiicuoic)			
(Last) (First) (Middle) 3. Date of Earlies (Month/Day/Yea 100 VINE ST., SUITE 1400 08/24/2015						X Director 10% Owner X Officer (give title Other (specify below)							
	,							CEO					
		(Street)		4. If Amendment Filed(Month/Day/	_	ginal		<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>					
	MURFREESBO	ORO, TN 3	37130					For Person	m filed by More tha	an One Reporti	ng		
	(City)	(State)	(Zip)	Table I - No	on-Derivat	ive Securiti	ies Acc	quired, I	Disposed of, or B	eneficially O	wned		
	1.Title of Security (Instr. 3)		saction Date /Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	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)		
	CI C				Code V	Amount	(D)	Price	(IIISu. 3 aliu 4)				
	Shares of Common Stock my name and m partnership nam	19 U8/24/	2015		M	10,000 (1)	A	\$ 46.69	27,141	D			
	Shares of Common Stock held in Trust I								1,034	I	Trustee		
	Shares of Common Stock								368,432	I	General Partner		

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Shares of Series A Conv Pref Stock held in Trust/Partnership

662,789

I

Trustee/General Partner

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

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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. Number of orDerivative 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase Common Stock	\$ 46.69	08/24/2015		M		10,000	12/04/2012	02/29/2016	Common Stock	45,859

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ADAMS ROBERT G 100 VINE ST., SUITE 1400	X		CEO				
MURFREESBORO, TN 37130							

# **Signatures**

/s/ Robert G.
Adams

\*\*Signature of Reporting Person

O8/24/2015

## **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)** 

Reporting Owners 2

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These stock options were granted pursuant to the Company's 2010 Omnibus Equity Incentive Plan on March 1, 2011. The grant and exercise of these stock options 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.