

FIRST HORIZON NATIONAL CORP  
 Form 3  
 July 03, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person * Â Olivier J Greg (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2007	3. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST HORIZON NATIONAL CORP [FHN]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) EVP and Chief Credit Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
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FIRST HORIZON NATIONAL CORPORATION,Â 165 MADISON AVENUE  
 (Street)

MEMPHIS,Â TNÂ 38103  
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	839	D	Â
Common Stock	360 <sup>(1)</sup>	I	401(k)

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Options (Right to buy)	01/03/2005 <sup>(2)</sup>	07/01/2014	Common Stock	1,106	\$ 22.6	D	Â
Stock Options (Right to buy)	04/20/2010 <sup>(3)</sup>	04/20/2014	Common Stock	25,781	\$ 39.66	D	Â
Stock Options (Right to buy)	04/22/2008 <sup>(3)</sup>	04/22/2012	Common Stock	2,125	\$ 40.34	D	Â
Stock Options (Right to buy)	04/21/2009 <sup>(3)</sup>	04/21/2013	Common Stock	2,088	\$ 40.71	D	Â
Stock Options (Right to buy)	07/20/2007 <sup>(3)</sup>	07/20/2011	Common Stock	7,500	\$ 44.85	D	Â
Stock Options (Right to buy)	02/17/2007 <sup>(4)</sup>	02/17/2011	Common Stock	3,198	\$ 45.73	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Olivier J Greg FIRST HORIZON NATIONAL CORPORATION 165 MADISON AVENUE MEMPHIS, TN 38103	Â	Â	Â EVP and Chief Credit Officer	Â

## Signatures

Clyde A. Billings, Jr. 07/03/2007

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) End-of-period total includes adjustment reflecting exempt acquisitions under Issuer's 401(k) Plan. Information is as of the latest available statement.
- (4) Options are exercisable 50% after 3 yrs, 100% after 4 yrs, with vesting accelerated if issuer stock price equals or exceeds \$62.54 on 2/17/07 or on 5 consecutive days before 2/18/07.
- (3) Options are exercisable 50% after 3 yrs, 100% after 4 yrs.
- (2) Option granted in lieu of compensation. Exercise price = 50% of grant date FMV. 50% discount = amount of compensation deferred.

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.