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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

2. Issuer Name and Ticker or Trading

#### NATIONAL HEALTHCARE CORP

Form 4 May 10, 2017

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0287 January 31,

Expires:

5. Relationship of Reporting Person(s) to

2005

0.5

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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

may continue. See Instruction

1. Name and Address of Reporting Person \*

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

ADAMS ROBERT G		Symbol				Issuer		
	NATIONA [NHC]	NATIONAL HEALTHCARE CORP [NHC]			(Check all applicable)			
(Last)	(First) (Midd	(Month/Day	3. Date of Earliest Transaction (Month/Day/Year)			X Director 10% Owner Officer (give title Other (specify below) below)		
100 VINE ST.	05/09/201	05/09/2017			,			
MURFREESB	(Street) ORO, TN 37130		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		
						Person		
(City)	(State) (Zip	Table I	- Non-Deri	vative Sec	urities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	(A) or 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 Common Stock - my name and my partnership's name						0	D	
Shares of Common Stock - Trust I						1,034	I	Trustee
Shares of Common Stock -						416,432	I	General Partner

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#### Partnership

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. Transactic Code (Instr. 8)	5. Number coof 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 72.94	05/09/2017		A	7,500 (1)	05/09/2017	05/08/2018	Common Stock	7,500

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
10pv2.mg 0 m102 1 m110 / 12002 000	Director	10% Owner	•	Other		
ADAMS ROBERT G 100 VINE ST. SUITE 1400 MURFREESBORO, TN 37130	X					

# **Signatures**

/s/ Robert G.
Adams

\*\*Signature of Reporting Person

O5/09/2017

Date

# **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 May 9, 2017. 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.