ADAMS ROBERT G

Form 4

Preferred

February 23, 2011

FORM 4 LINETED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL		
	UNITE	D STATES	SECURITIES ANI Washington, D.		OMMISSION	OMB Number:	3235-0287		
Check this box if no longer CRATIES AND COMMANDERS BY DESIGNATION OF COMA						Expires:	January 31, 2005		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per response 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 Respo	enses)								
1. Name and Address of Reporting Person * ADAMS ROBERT G			2. Issuer Name and Tic Symbol NATIONAL HEAL [NHC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) 100 VINE ST., S	(First) SUITE 140	(Middle)	3. Date of Earliest Transa (Month/Day/Year) 02/21/2011	action	_X_ Director _X_ Officer (give t below)		Owner (specify		
((Street)		4. If Amendment, Date C Filed(Month/Day/Year)	Original	6. Individual or Join Applicable Line) _X_ Form filed by On	ne Reporting Per	son		
MURFREESBO	PRO, TN 3	7130			Form filed by Mo Person	ore man One Rep	orung		
(City)	(State)	(Zip)	Table I - Non-Deri	vative Securities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of 2.	Transaction	Date 2A. De	emed 3.	. Securities Acquired	5. Amount of	6.	7. Nature of		

(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	(A)			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	02/21/2011		Code V	Amount 10,000	or (D)	Price	(Instr. 3 and 4) 364,432	D		
Stock - SARA LP	02/21/2011		141	<u>(1)</u>	Λ	35.37	304,432	D		
Shares of Common Stock held in Trust							1,937	I	Trustee	
Shares of Series A Convertible							659,289	D		

Stock

Shares of Series A

Conv Pref 3,500 I Trustee

Stock held in

Trust

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. Transaction Code (Instr. 8)	ransactiorDerivative ode Securities		erivative Expiration Date ecurities (Month/Day/Year) ccquired (A) r Disposed of D) instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V		(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase Common	\$ 35.37	02/21/2011		M		10,000	02/21/2011	06/15/2015	Common Stock	10,000

Reporting Owners

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

Signatures

Stock

Robert G. 02/22/2011

**Signature of Date
Reporting Person

Reporting Owners 2

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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) These stock options were granted pursuant to the Company's 2010 Omnibus Equity Incentive Plan on June 15, 2010. 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.