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

#### NATIONAL HEALTHCARE CORP

Form 4

December 30, 2015

FORM 4								OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
	Check this box							Expires:	January 31,	
if no longer subject to Section 16. Form 4 or	STATEMEN		CHANGES IN BENEFICIAL OWN SECURITIES					Estimated average burden hours per response 0.5		
Form 5 obligations may continue See Instruction 1(b).	e. Section 17(a) o	ant to Section 16(a) of the Public Utili 30(h) of the Inve	ty Holdin	g Comp	any A	Act of	1935 or Section	·		
(Print or Type Resp	ponses)									
1. Name and Addi ADAMS W A	Symbol NATION	NATIONAL HEALTHCARE CORP				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
		[NHC]								
(Last) 222 ROBERT		3. Date of Earliest Transaction (Month/Day/Year) 12/29/2015				_X_ Director Officer (give to below)	title Other (specify below)			
	4. If Amend	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			
MURFREESB	ORO, TN 37129					i	Form filed by Mo Person	ore than One Rep	porting	
(City)	(State) (Zip	Table I	- Non-Deri	ivative Se	curitio	es Acqu	ired, Disposed of,	or Beneficiall	y 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 Acquire Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)  (A) or			d of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Shares of Common Stock - AdamsMark L.P.			Code V	Amount	(D)	Price	610,813	D		
Shares of Common Stock - my name or my spouse's name	12/29/2015		M	4,990 (1)	A	\$ 45.8	4,990	D		
Shares of Common							1,937	D		

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Stock - WAA Exempt Trust

Shares of Common

Stock - Adams 35,407 I Trustee

Family

Foundation II

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. Transacti Code (Instr. 8)	Securities		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	\$ 45.8	12/29/2015		M		4,990	05/09/2011	05/08/2016	Common Stock	4,990
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
	\$ 61.25						05/07/2015	05/06/2020		7,500

Option to Common
Purchase Stock
Common

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

ADAMS W ANDREW

222 ROBERT ROSE DRIVE X

MURFREESBORO, TN 37129

## **Signatures**

Stock

W. Andrew Adams by Kristina Hulsey, P.O.A.

12/30/2015

\*\*Signature of Reporting Person

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) These stock options were granted pursuant to the Company's Stock Option Plan on May 9, 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.

Reporting Owners 3