

BURGESS ERNEST G III  
Form 5  
January 04, 2013

**FORM 5**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person \*  
BURGESS ERNEST G III

2. Issuer Name and Ticker or Trading Symbol  
NATIONAL HEALTHCARE CORP  
[NHC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
12/31/2012

Director  10% Owner  
 Officer (give title below)  Other (specify below)

7097 FRANKLIN ROAD

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

MURFREESBORO, TN 37128

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

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)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (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	12/05/2012		G	2,500	D	\$ 0	0 <sup>(1)</sup>	D	
Shares of Common Stock	12/27/2012		G	1,000	D	\$ 0	0 <sup>(1)</sup>	D	
Shares of Common Stock	12/27/2012		G	1,000	D	\$ 0	94,296	D	

Shares of Series A Convertible Preferred Stock     Â     Â     Â     Â     Â     Â     146,210     D     Â

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

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**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)	5. Number of 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)	Amount or Number of Shares
					(A)	(D)	Date Exercisable	Expiration Date		
Option to Purchase Common Stock	\$ 51.5	Â	Â	Â	Â	Â	05/01/2008	04/30/2013	Common Stock	15,000
Option to Purchase Common Stock	\$ 37.7	Â	Â	Â	Â	Â	05/05/2009	05/04/2014	Common Stock	8,900
Option to Purchase Common Stock	\$ 45.8	Â	Â	Â	Â	Â	05/09/2011	05/08/2016	Common Stock	7,500
Option to Purchase Common Stock	\$ 44.8	Â	Â	Â	Â	Â	05/03/2012	05/02/2017	Common Stock	7,500

## Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

BURGESS ERNEST G III  
7097 FRANKLIN ROAD           Â X           Â           Â           Â  
MURFREESBORO,Â TNÂ 37128

**Signatures**

Ernest G. Burgess III by Ann S. Benson,   01/04/2013  
P.O.A.

\_\_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) Totaled on the third line.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.