Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CORP

Form 4 October 01, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Number:

Expires:

Washington, D.C. 20549

3235-0287 January 31,

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per 0.5

OMB APPROVAL

Form 5 obligations may continue.

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

response...

See Instruction

1(b).

(Print or Type Responses)

1. Name and Add SWAFFORD	_	son * 2. Issuer N Symbol	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			NATION [NHC]	NATIONAL HEALTHCARE CORP [NHC]			(Check all applicable)			
(Last)	(First)	(Midd	dle) 3. Date of E	Earliest Tran	saction		6 Owner			
100 VINE ST., SUITE 1100			(Month/Day	(Month/Day/Year) 09/29/2008			title Other	er (specify		
			09/29/200				below) Sr. Vice President & Treasurer			
	(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Month	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
MURFREESBORO, TN 37130							Person			
(City)	(State)	(Zip	Table 1	I - Non-De	rivative Securities Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	n Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature		
Security	(Month/Day/	Year)	Execution Date, if	Transactio	or(A) or Disposed of (D)	Securities	Ownership	Indirect		
(Instr. 3)			any	Code	(Instr. 3, 4 and 5)	Beneficially	Form:	Beneficia		
			(Month/Day/Year)	(Instr. 8)		Owned	Direct (D)	Ownershi		

e of ial nip or Indirect Following (Instr. 4) Reported (A) Transaction(s) (Instr. 4) (Instr. 3 and 4) Code V Amount (D) Price Shares of 12,500 A Common D 09/29/2008 M 173,436 Stock Shares of Series A Convertible 152,978 D Preferred Stock

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

required to respond unless the form displays a currently valid OMB control number.

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 of or Derivative Securities Acquired (A) or Disposed or (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
Employee Stock Option -"Right to Buy"	\$ 20.9	09/29/2008		M	12,500	09/28/2008	03/23/2009	Common Stock	28,187

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting o man runner, radicos	Director	10% Owner	Officer	Other		
SWAFFORD CHARLOTTE A			Sr. Vice			
100 VINE ST., SUITE 1100			President &			
MURFREESBORO, TN 37130			Treasurer			

Signatures

Reporting Person

Charlotte A.
Swafford

**Signature of 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).

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 2