NATIONAL HEALTHCARE CORP

Form 4 June 05, 2013

Julie 03, 2013											
FORM	4	~~					OMB APPROVAL				
	Washington, D.C. 20549								OMB Number:	3235-0287	
Check this l			<u> </u>					Expires:	January 31,		
if no longer subject to Section 16. Form 4 or Form 5	STATEME		SECU	JRI	ΓIES			ERSHIP OF Act of 1934.	Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 Responses)											
1. Name and Add POWELL JUI	Sym	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. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Selficer (give title Other (specify below)			
3712 LASCA	06/0	03/2013				Ī	Sr. V.P., Patient Services				
				d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MURFREESE	BORO, TN 37130)					F	Form filed by Mo Person	ore than One Re	porting	
(City)	(State) (Z	ip)	Table I - Noi	n-Dei	rivative So	ecuriti	es Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day.	on Date, if Transaction(A) or Disposed of (Code (Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Shares of Common Stock in my name and my spouse's name	06/03/2013		Code S	e V	Amount 3,600	(D)	Price \$ 48.13	(Instr. 3 and 4) 0 (1)	D		
Shares of Common Stock in my name and my spouse's name	06/04/2013		S		1,400	D	\$ 48.2	110,361	D		

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Shares of Series A

Convertible 83,010 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 information contained in this form are not 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and		7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code of		(Month/Day/Y	Year)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e			
	Derivative				Securities				
	Security				Acquired				
	•				(A) or				
				Disposed					
					of (D)				
					(Instr. 3,				
					4, and 5)				
									Amount
					Date	Expiration	Title	or	
						Exercisable	xercisable Date	1100	Number

Code V (A) (D)

Option to purchase

\$46.69

Common Stock

Common 12/04/2012 02/29/2016 Stock

32,000

of Shares

SEC 1474

(9-02)

8. Pi Deri Secu (Inst

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Director 10% Owner Other

POWELL JULIA W Sr. V.P., 3712 LASCASSAS PIKE Patient MURFREESBORO, TN 37130 Services

Signatures

Julia W. Powell by Ann S. Benson, 06/05/2013 P.O.A.

> **Signature of Reporting Person Date

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) Transaction totaled on the line below.

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.