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NATIONAL HEALTHCARE CORP

Form 4

November 12, 2013

FORM	OMB APPROVAL							
	ONITEDS		RITIES AND EXC shington, D.C. 205	WIWIISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES Expires: January 31 2008 Estimated average burden hours per response 0.8 Section 17(a) of the Public Utility Holding Company Act of 1934, Section 17(a) of the Investment Company Act of 1940								
(Print or Type Re	esponses)							
1. Name and Ad POWELL JU	ldress of Reporting F JLIA W	Symbol	r Name and Ticker or T	Is	i. Relationship of Reporting Person(s) to ssuer			
		[NHC]			(Check all applicable)			
(Last) 3712 LASCA		fiddle) 3. Date of (Month/E) 11/11/2			Director 10% Owner X Officer (give title Other (specify below) Sr. V.P., Patient Services			
MURFREES	(Street)	Filed(Mor	endment, Date Original nth/Day/Year)	Α _Ι _> —	Individual or Joint/Group Filing(Check plicable Line) _ Form filed by One Reporting Person _ Form filed by More than One Reporting son			
(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)		Transaction Dispose Code (Instr. 3,		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (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 in my			Code V Amount	\$				
name and my spouse's name	11/11/2013		S 869	D 50.0316	104,961	D		
Shares of Series A Convertible Preferred Stock					83,010	D		

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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)

8. Properties Secution (Inst

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. Transa Code (Instr.		5. mNumber of Derivative Securities Acquired (A) or Disposed of (D)	Expiration Date U (Month/Day/Year) (I e		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (:
				Code	V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to purchase Common Stock	\$ 46.69						12/04/2012	02/29/2016	Common Stock	32,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 9	Director	10% Owner	Officer	Other			
POWELL JULIA W			Sr. V.P.,				
3712 LASCASSAS PIKE			Patient				
MURFREESBORO, TN 37130			Services				

Signatures

Julia W. Powell by Kristina R. Hulsey, 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).

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.

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