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| Form 4 | HEALTHCARE | CORP | | | | | | | | | | |
|--|-------------------------------------|--|--|------------|-------------|--------|---|--|--|---|--|--|
| March 04, 2014 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB APPROVAL OMB 3235-02 Number: | | | | | |
| Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b). | Filed pur Section 17(| 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 | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type Re | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> ABERNATHY JAMES PAUL | | | 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) 2102 GREENLAND DRIVE | | | (Month/Day/Year) | | | | X Director Officer (give t below) | Officer (give title Other (specify | | | | |
| | (Street) | | 4. If Ameno Filed(Month | | e Original | | | 6. Individual or Joi Applicable Line) _X_ Form filed by O | ne Reporting Pe | rson | | |
| MURFREES | BORO, TN 371 | 30 | | | | | | Form filed by M Person | ore than One Re | porting | | |
| (City) | (State) | (Zip) | Table | I - Non-Do | erivative S | ecurit | ies Acqu | ired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | rity (Month/Day/Year) Execution Dat | | tion Date, if | (A) or | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4) | | | |
| Shares of Common Stock | 03/04/2014 | | | S | 600 | D | \$ 52.21 | 23,732 | D | | | |
| Shares of Series A Convertible Preferred Stock | | | | | | | | 12,388 | D | | | |

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)

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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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | (Instr. 3 and 4) | | 8. Pr Deri ^r Secu (Inst |
|---|---|---|---|--|---|--|--------------------|------------------|--|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option to Purchase Common Stock | \$ 45.8 | | | | | 05/09/2011 | 05/08/2016 | Common Stock | 3,583 | |
| 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 | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | |
|--|-----------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| ABERNATHY JAMES PAUL 2102 GREENLAND DRIVE MURFREESBORO, TN 37130 | Х | | | | | |
| Signatures | | | | | | |
| J. Paul Abernathy by Kristina R P.O.A. | . Hulsey, | 03/04/2014 | | | | |
| **Signature of Reporting Perso | n | | 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.