Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CORP

Form 4

November 03, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB APPROVAL		
						OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5	statement of changes in Beneficial ownership of							Expires: January 31, 2005 Estimated average burden hours per response 0.5	
obligations may continue. See Instruction 1(b). 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 Re	esponses)								
1. Name and Ad SWAFFORD	2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTHCARE CORP [NHC]			5. Relationship of Reporting Person(s) to Issuer					
				(Check all applicable)					
(Last)	(Last) (First) (Middle) 3. Date (Month/			-	on	Director 10% OwnerX_ Officer (give title Other (specify below)			
						Sr. Vice President & Treasurer			
				ndment, Date Orig th/Day/Year)	ginal	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	L - Non-Darivat	ivo Socuritios A <i>c</i>	equired, Disposed o	of or Reneficie	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Day/Yea	ransaction Date 2A. Deemed		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Shares of Common Stock					()	174,575	D		
Shares of Common Stock - Trust						61,548	I	Trustee	

Persons who respond to the collection of

information contained in this form are not

required to respond unless the form

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

SEC 1474

(9-02)

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amor or Numl of Sh
Option to purchase Common Stock	\$ 46.69					12/04/2012	02/29/2016	Common Stock	21,0
Shares of Series A Convertible Preferred Stock	(1)	11/03/2015		J	5,041 (2)	11/01/2007	11/03/2015	Common Stock	1,2
Shares of Series A Convertible Preferred Stock - Trust	Ш	11/03/2015		J	147,937 (2)	11/01/2007	11/03/2015	Common Stock	35,8

Reporting Owners

/s/ Charlotte A.

**Signature of Reporting

Person

Swafford

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

11/03/2015

Date

Reporting Owners 2

Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

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) Convertible anytime at a ratio of 0.24204 common shares per 1.0 preferred share.
- (2) The reported securities were called for redemption by the issuer at a price equal to \$15.79 per share.

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.