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NATIONAL HEALTHCARE CORP

Form 4

February 24, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average 0.5

burden hours per response...

5. Relationship of Reporting Person(s) to

Issuer

Persons who respond to the collection of

information contained in this form are not

required to respond unless the form

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

SWAFFORD CHARLOTTE A

| | | | NATIONAL HEALTHCARE CORP [NHC] | | | (Check all applicable) | | | | | |
|---|--------------------------------------|--------------|--|--|---------------|--|-------------|---|--|---|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | | Director 10% OwnerX_ Officer (give title Other (specify below) | | | | | |
| 100 VINE ST., SUITE 1100 | | | 02/22/2016 | | | | | Sr. Vice President & Treasurer | | | |
| File | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| MURFREE | | | | | | Person | | | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-I | Derivative | Secur | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | r) Execution | med on Date, if Day/Year) | Code (Instr. 3, 4 and 5) ar) (Instr. 8) (A) or | | | of (D) | 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 | 02/22/2016 | | | M | 21,000 (1) | A | \$ 46.69 | 195,575 | D | | |
| Shares of Common Stock - Trust | | | | | | | | 61,548 | I | Trustee | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. | | | | | | | | | | | |

SEC 1474

(9-02)

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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. Transaction Code (Instr. 8) | ransactionDerivative dode Securities | | 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 |
| Option to purchase Common Stock | \$ 46.69 | 02/22/2016 | | M | | 21,000 | 12/04/2012 | 02/29/2016 | Common Stock | 21,000 |

Reporting Owners

| 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

/s/ Charlotte A. Swafford 02/24/2016

**Signature of Reporting Date
Person

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) These stock options were granted pursuant to the NHC 2010 Omnibus Equity Incentive Plan on March 1,2011. The grant and exercise of these stock options are exempt from Section 16(b) pursuant to Rule 16b-3(d).

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Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer

Director 10% Owner Officer Other

HEINTZMAN DAVID P 3019 POPPY WAY

X Chairman & CEO

LOUISVILLE, KY 40206

Signatures

//David P.

Heintzman 04/23/2012

**Signature of Person Date

Reporting Person

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) Includes employer annual contribution.

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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