#### Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

NATIONAL HEALTHCARE CO Form 4 May 05, 2005	RP				
<b>FORM 4</b> Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). <b>Check this box</b> <b>STATEMENT</b> <b>STATEMENT</b>	Number:3235-0287Number:January 31Expires:2005Estimated averageburden hours perresponse0.5				
(Print or Type Responses) 1. Name and Address of Reporting Person	<sup>n</sup> <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading	5. Relationship of I	Reporting Pers	on(s) to	
TUCKER LAWRENCE C	Symbol NATIONAL HEALTHCARE CORP [NHC]	Issuer (Check all applicable)			
(Last) (First) (Middle) C/O BROWN BROTHERS HARRIMAN ("BBH"), 140 BROADWAY	<ul> <li>3. Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> <li>05/03/2005</li> </ul>	X Director Officer (give ti below)		Owner or (specify	
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
NEW YORK, NY 10005-1101 (City) (State) (Zip)		Person	D (* 1 1		
1.Title of Security2. Transaction Date (Month/Day/Year)2A(Instr. 3)any	ecution Date, if TransactionAcquired (A) or Code Disposed of (D) onth/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or	5. Amount of 6 Securities F Beneficially (1 Owned In	or Beneficial 5. Ownership Form: Direct D) or ndirect (I) Instr. 4)	•	
Shares of Common Stock	Code V Amount (D) Price	690,155 <u>(1)</u> I		The 1818 Fund II, L.P.	
Shares of Common Stock		10,000 I	)		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(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. 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 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	\$ 4.75					05/24/2000	05/23/2005	Common Stock	10,000
Option to Purchase Common Stock	\$ 10.4					04/26/2001	04/25/2006	Common Stock	10,000
Option to Purchase Common Stock	\$ 17.25					04/16/2002	04/15/2007	Common Stock	10,000
Option to Purchase Common Stock	\$ 19.6					04/24/2003	04/23/2008	Common Stock	15,000
Option to Purchase Common Stock	\$ 27.01					04/20/2004	04/19/2009	Common Stock	15,000
Option to Purchase Common Stock	\$ 32.01	05/03/2005		А	15,000	05/03/2005	05/02/2010	Common Stock	15,000

### **Reporting Owners**

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

TUCKER LAWRENCE C C/O BROWN BROTHERS HARRIMAN ("BBH") 140 BROADWAY NEW YORK, NY 10005-1101

#### Signatures

Lawrence C. 05/04/2005 Tucker

<u>\*\*</u>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).
- (1) The securities are owned by The 1818 Fund II, L.P. Tucker is a general partner of BBH, the general partner of The 1818 Fund II, L.P., and, as such, his pecuniary interest in the securities is limited to his percentage interest in BBH's interest in such securities.

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.