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NATIONAL HEALTHCARE CORP

Form 4

November 09, 2007

FORM	1									OMB AP	PROVAL
	UNITEDS	FATES				ND EXCH D.C. 2054		GE CO	OMMISSION	OMB Number:	3235-028
Check this										Expires:	January 31
if no longer subject to Section 16. Form 4 or						ENEFIC TIES	IAL (OWN.	ERSHIP OF	Estimated a burden hour response	
Form 5 obligations may contin See Instruction.	Section 17(a)	of the l		lity Ho	oldi	ng Comp	any A	ct of 1	Act of 1934, 1935 or Section		
(Print or Type Re	esponses)										
CULA EEODD CHADLOTTE A			Symbol			Cicker or Tr		I	5. Relationship of Reporting Person(s) to Issuer		
			NATION [NHC]	IAL H	EA	LTHCAR	RE CC	ORP	(Check	all applicable)
(Last)	(Last) (First) (Middle) 3. Date of I (Month/Da			f Earliest Transaction					Director _X_ Officer (give t	itle Othe	Owner r (specify
100 VINE ST	Γ., SUITE 1100		11/07/20					t	Sr. Vice Pro	below) esident & Trea	surer
	(Street)		4. If Amen			Original			5. Individual or Joi Applicable Line)	nt/Group Filin	g(Check
MURFREES	BORO, TN 37130)	Tica(Mona	#Buj/ 10	our)			-	X_ Form filed by Or Form filed by Mo Person		
(City)	(State) (Z	iip)	Table	I - Non	-De	rivative Sec	curitie	s Acqui	ired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution	emed on Date, if /Day/Year)	Code (Instr.	8)	4. Securition Dispose (Instr. 3, 4) Amount	d 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 o Indirect Beneficial Ownership (Instr. 4)
Shares of Common Stock				Code	•	Amount	(D)	THEC	150,123	D	
Shares of Series A Convertible	11/07/2007			J		152,978	A	\$	5 152,978	D	
Preferred Stock								13.73	,		
Reminder: Repor	rt on a separate line fo	or each cl	ass of securi	ties ben	efic	ially owned	direct	ly or inc	lirectly.		

Persons who respond to the collection of

information contained in this form are not

SEC 1474

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required to respond unless the form displays a currently valid OMB control number.

Der Sec

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercis	sable and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Dat	e	Underlying S	Securities
Security	or Exercise		any	Code	of	(Month/Day/Y	ear)	(Instr. 3 and	4)
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option -"Right to Buy"	\$ 20.9					12/20/2006	03/23/2009	Common Stock	39,000

Reporting Owners

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

Signatures

Charlotte A. Swafford	11/09/2007
**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).

Remarks:

J - Received new Preferred Stock resulting from the merger of National Health Realty into the Company.

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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