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

### NATIONAL HEALTHCARE CORP

Form 4 May 02, 2008

## FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

January 31,

0.5

Check this box if no longer subject to Section 16.

Expires:

2005 Estimated average burden hours per

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

response...

Form 4 or Form 5 obligations may continue.

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person *BURGESS ERNEST G III			Symbol	NATIONAL HEALTHCARE CORP			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 7097 FRANK	(First)	(Middle)	(Month/Day	3. Date of Earliest Transaction (Month/Day/Year) 05/01/2008			_X_ Director Officer (give below)	ve title Other (specify below)		
(Street)				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			
MURFREESE	BORO, TN 3	7128					Person	More than One Re	porting	
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Se	curities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transactio (Month/Day/	Year) E	A. Deemed Execution Date, if ny Month/Day/Year)	3. Transactic Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	l (A) or l 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)	
Common Stock							150,204	D		
Shares of Series A Convertible Preferred Stock							147,560	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)

# Edgar Filing: NATIONAL HEALTHCARE CORP - Form 4

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. Transactic Code (Instr. 8)	5. Number of or Derivative 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	\$ 27.01					04/20/2004	04/19/2009	Common Stock	15,000
Option to Purchase Common Stock	\$ 32.01					05/03/2005	05/02/2010	Common Stock	15,000
Option to Purchase Common Stock	\$ 44.25					05/03/2006	05/02/2011	Common Stock	15,000
Option to Purchase Common Stock	\$ 52.5					04/24/2007	04/23/2012	Common Stock	15,000
Option to Purchase Common Stock	\$ 51.5	05/01/2008		A	15,000	05/01/2008	05/01/2013	Common Stock	15,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Topozonig Owner Lamo, Lauress	Director	10% Owner	Officer	Other		
BURGESS ERNEST G III 7097 FRANKLIN ROAD MURFREESBORO, TN 37128	X					

Reporting Owners 2

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

# **Signatures**

Ernest G.
Burgess, III 05/01/2008

\*\*Signature of 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).

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.

Signatures 3