Edgar Filing: SWAFFORD CHARLOTTE A - Form 4

SWAFFORD CHARLOTTE A

Form 4

March 09, 2009

FORM 4

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

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

response...

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

Check this box

obligations may continue. See Instruction

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * SWAFFORD CHARLOTTE A | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | |
|----------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|
| | NATIONAL HEALTHCARE COR [NHC] | | | |
| (Last) (First) (Middle) 100 VINE ST., SUITE 1100 | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2009 | Director 10% Owner _X_ Officer (give title Other (specify below) Sr. Vice President & Treasurer | | |
| (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 | | |
| MURFREESBORO, TN 37130 | | Form filed by More than One Reporting Person | | |

| (City) | (State) (Z | ip) Table | I - Non-De | rivative Se | curitio | es Acqu | ired, Disposed of | , or Beneficial | ly Owned |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------|---------------------------------------|-------------------------------------------|------------------|---------------|------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. Transacti Code (Instr. 8) | 4. Securit or(A) or Di (Instr. 3, 4 | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Shares of Common Stock | 03/05/2009 | | Code V | Amount 15,687 (1) | (A) or (D) | Price \$ 20.9 | Reported Transaction(s) (Instr. 3 and 4) 189,123 | (I) (Instr. 4) | |
| Shares of Series A Convertible Preferred Stock | | | | | | | 152,978 | 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: SWAFFORD CHARLOTTE A - 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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, | | onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, | | Derivative Expiration Day Securities (Month/Day/Y Acquired (A) or Disposed of (D) (Instr. 3, 4, | | 7. Title and A Underlying S (Instr. 3 and | Securities |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------|--|-------------------------------------------|------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Option -"Right to Buy" | \$ 20.9 | 03/05/2009 | | M | | 15,687 | 02/22/2009 | 03/23/2009 | Common Stock | 15,687 | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---------------------------------|---------------|-----------|-------------|-------|--|--|--|
| reporting o man runner, radicos | Director | 10% Owner | Officer | Other | | | |
| SWAFFORD CHARLOTTE A | | | Sr. Vice | | | | |
| 100 VINE ST., SUITE 1100 | | | President & | | | | |
| MURFREESBORO, TN 37130 | | | Treasurer | | | | |

Signatures

Reporting Person

Charlotte A.
Swafford

**Signature of 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) These stock options were granted pursuant to the Company's 2002 Stock Option Plan on March 24, 2004. The grant and exercise of these stock options are exempt from Section 16(b) pursuant to Rule 16b-3(d).

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.

Reporting Owners 2