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ABERNATHY JAMES PAUL

Form 4 May 04, 2012

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, 2005

Form 4 or

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

Estimated average burden hours per

Expires:

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

response... 0.5

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ABERNATHY JAMES PAUL			Symbol	2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTHCARE CORP				5. Relationship of Reporting Person(s) to Issuer			
	[NHC]					(Check all applicable)					
(Last)	(First)	(Middle	, 0.2400 012	3. Date of Earliest Transaction (Month/Day/Year)			X Director 10% Owner Officer (give title below) Other (specify below)				
2102 GREENLAND DRIVE											
	(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Tiled(Wolld)	Filed(Month/Day/Year)				_X_ Form filed by One Reporting Person			
MURFREESBORO, TN 37130								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table 1	I - Non-Der	ivative Se	curities Acq	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transactio			3.	4. Securi		5. Amount of	6.	7. Nature of		
Security (Instr. 3)	any		Execution Date, if	ation Date, if TransactionAcquired (A) or Code Disposed of (D)			Securities Beneficially		Indirect Beneficial		
(111501. 3)			(Month/Day/Year)	(Instr. 8)	(Instr. 3,		Owned		Ownership		
							Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)	Transaction(s)	(111511. 4)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Shares of											
Common							26,288	D			
Stock											
Shares of											
Series A Convertible							12,388	D			
Preferred							12,300	D			
Stock											

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)

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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. Transacti Code (Instr. 8)	onof Derivative		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	\$ 51.5						05/01/2008	05/01/2013	Common Stock	15,000
Option to Purchase Common Stock	\$ 37.7						05/05/2009	05/04/2014	Common Stock	1,607
Option to Purchase Common Stock	\$ 45.8						05/09/2011	05/08/2016	Common Stock	7,500
Option to Purchase Common Stock	\$ 44.8	05/03/2012		A	7,500 (1)		05/03/2012	05/02/2017	Common Stock	7,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 6	Director	10% Owner	Officer	Other		
ABERNATHY JAMES PAUL 2102 GREENLAND DRIVE MURFREESBORO, TN 37130	X					
0!						

Signatures

J. Paul Abernathy by Ann S. Benson, P.O.A.

05/04/2012

**Signature of Reporting Person Date

Reporting Owners 2

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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).
- These stock options were granted pursuant to the Company's 2010 Omnibus Equity Incentive Plan on May 3, 2012. 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.