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

### NATIONAL HEALTHCARE CORP

Form 4

November 18, 2013

FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
	UNITEDS	STATES				ND EXC D.C. 205		NGE CO	OMMISSION	OMB Number:	3235-0287	
Check this if no longe	•									Expires:	January 31 2005	
subject to Section 16 Form 4 or		F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated average burden hours per				
Form 5 obligations may continue See Instruction 1(b).	Section 17(a	) of the		lity Ho	oldi	ng Com	pany	Act of	Act of 1934, 1935 or Section	·	3.0	
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person * POWELL JULIA W			2. Issuer Name <b>and</b> Ticker or Trading Symbol NATIONAL HEALTHCARE CORP						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	[NHC]  (First) (Middle) 3. Date of Earliest Transaction Director X Officer (gi below)  SCASSAS PIKE 11/18/2013 Sr. V.				X Officer (give t	title 10% Owner below)						
JIIZ LASCA	ASSAS I IKE		11/16/20	13					Sr. V.P.,	Patient Servic	es	
MUREREES	(Street) BORO, TN 3713	80	4. If Amen Filed(Mont			e Original			6. Individual or Joi Applicable Line) _X_ Form filed by Oi Form filed by Mo	ne Reporting Per	rson	
(City)		Zip)							Person			
·	(Suite)	Zip)	Table	I - Non	ı-De			_	ired, Disposed of,		-	
1.Title of Security (Instr. 3)	rity (Month/Day/Year) Execution Date, it			Code (Instr. 3, 4 and 5)					Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount		Price	(Instr. 3 and 4)			
Shares of Common Stock in my name and my spouse's name	11/18/2013			S		800	D	\$ 50.157	5 103,761	D		
Shares of Series A Convertible Preferred Stock									83,010	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Jumber Expiration Date  f (Month/Day/Year)  Derivative ecurities acquired A) or Disposed f (D) Instr. 3,		Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to purchase Common Stock	\$ 46.69					12/04/2012	02/29/2016	Common Stock	32,000	

Relationships

# **Reporting Owners**

Reporting Owner Name / Address								
	Director	10% Owner	Officer	Other				
POWELL JULIA W			Sr. V.P.,					
3712 LASCASSAS PIKE			Patient					
MURFREESBORO, TN 37130			Services					

## **Signatures**

Julia W. Powell by Kristina R. Hulsey, P.O.A.

\*\*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).

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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