#### NATIONAL HEALTHCARE CORP

securities beneficially owned directly or indirectly.

Form 5

February 09, 2015

<b>FORM</b>	l <b>5</b>								OMB AF	PROVAL
UNITED STATES SECURITIES AND EXCHANGE							GE CC	MMISSION	OMB Number:	3235-036
no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction  ANNUAL STATEM OWNE			Was	ashington, D.C. 20549					Expires:	January 31 200
			WNER	MENT OF CHANGES IN BENE ERSHIP OF SECURITIES					Estimated a burden hour response	ted average hours per
1(b). Form 3 Ho Reported Form 4 Transactio Reported	oldings Section 17(a	) of the Pu	ıblic Ut		g Compa	ny A	ct of 1	Act of 1934, 935 or Section	1	
1. Name and A HASSAN E	ddress of Reporting F MIL E	S N	ymbol	Name <b>and</b> Tick			I	. Relationship of ssuer (Check	Reporting Pers	
(Last)				h/Day/Year)				_X Director Officer (give elow)		Owner or (specify
1704 IRBY	LANE		_,_,_,							
	(Street)			ndment, Date ( th/Day/Year)	Original		6	. Individual or Jo	int/Group Repo	orting
MURFREE	SBORO, TN 3	37127					_	X_ Form Filed by O Form Filed by Merson		
(City)	(State)	Zip)	Table	e I - Non-Deri	vative Sec	uritie	s Acqui	red, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	eurity (Month/Day/Year) Execution		Date, if	3. 4. Securities Acquirant (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)		d of	Securities Form: Direct Beneficially (D) or Owned at end Indirect (I) of Issuer's (Instr. 4) Fiscal Year (Instr. 3 and 4)			
Shares of					Amount	(D)	Price	•,		
Common Stock	11/11/2014	Â		S	758	D	\$ 62.2	0 (1)	D	Â
Shares of Common Stock	11/13/2014	Â		S	29	D	\$ 62.2	38,009	D	Â
Reminder: Rep	ort on a separate line:	for each class	s of	Persons wh	o respon	d to	the col	lection of infor	mation	SEC 227

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270

(9-02)

#### Edgar Filing: NATIONAL HEALTHCARE CORP - Form 5

# 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. Transaction Code (Instr. 8)	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Stock		Â	Â	Â	Â	Â	05/09/2011	05/08/2016	Common Stock	7,500
Option to Purchase Stock		Â	Â	Â	Â	Â	05/03/2012	05/02/2017	Common Stock	7,500
Option to Purchase Stock	\$ 47.45	Â	Â	Â	Â	Â	05/08/2013	05/07/2018	Common Stock	7,500
Option to Purchase Stock	\$ 52.93	Â	Â	Â	Â	Â	05/08/2014	05/07/2019	Common Stock	7,500

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Othe			
HASSAN EMIL E 1704 IRBY LANE MURFREESBORO, TN 37127	ÂX	Â	Â	Â			

## **Signatures**

Emil E. Hassan by Kristina R. Hulsey, P.O.A. 02/09/2015

\*\*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).
- (1) Transaction totaled on the line below

Reporting Owners 2

#### Edgar Filing: NATIONAL HEALTHCARE CORP - Form 5

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.