NATIONAL HEALTHCARE CORP

Form 4

November 24, 2015

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading LASSITER DAVID L Issuer Symbol NATIONAL HEALTHCARE CORP (Check all applicable) [NHC] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify _X__ Officer (give title (Month/Day/Year) below) below) 9110 BRENTMEADE BLVD. 11/20/2015 Sr. V.P., Corporate Affairs (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting BRENTWOOD, TN 37027 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 7. Nature of

Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	sposed	of (D)	Securities	Ownership	Indirect
(Instr. 3)		any (Month/Day/Year)	Code	(Instr. 3, 4	and 5	5)	Beneficially Owned	Form: Direct	
		(Monun/Day/Tear)	(Instr. 8)				Following	(D) or Indirect (I)	Ownership (Instr. 4)
					(A)		Reported Transaction(s)	(Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Shares of						\$			
Common Stock	11/20/2015		M	2,141	A	\$ 46.69	27,522	D	
Shares of									
Common	11/20/2015		F	1,536 ₍₁₎	D	\$	25,986	D	
Stock				(1)		65.07	,		
Shares of						¢			
Common	11/20/2015		M	23,718	A	ه 46.69	49,704	D	
Stock									
Shares of	11/20/2015		F	17,018	D		32,686	D	
Common				(2)		65.07			

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Stock

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

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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. 5. Number of TransactionDerivative Code Securities (Instr. 8) 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	\$ 46.69	11/20/2015		M	2,141	12/04/2012	02/29/2016	Common Stock	28,000
Option to purchase Common Stock	\$ 46.69	11/20/2015		M	23,718	12/04/2012	02/29/2016	Common Stock	25,859

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
LASSITER DAVID L 9110 BRENTMEADE BLVD.			Sr. V.P., Corporate				
BRENTWOOD, TN 37027			Affairs				
A ! .							

Signatures

/s/ David L. Lassiter	11/24/2015			
**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).
- (1) Previously owned shares tendered to company to pay the exercise price.
- (2) Shares were withheld by the Company to pay the exercise price.

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.