#### ABERNATHY JAMES PAUL

Form 4

November 16, 2017

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

OMB 3235-0287

Expires:

**OMB APPROVAL** 

Number:

January 31,

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0.5

if no longer subject to Section 16. Form 4 or

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

Estimated average burden hours per

Form 5 obligations may continue.

Check this box

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 30(h) of the Investment Company Act of 1940

response...

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 ABERNATHY JAMES PAUL Issuer Symbol NATIONAL HEALTHCARE CORP (Check all applicable) [NHC] 3. Date of Earliest Transaction (Last) (First) (Middle) X Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) 2102 GREENLAND DRIVE 11/16/2017 (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 MURFREESBORO, TN 37130 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of 1.Title of 3. Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Beneficially Beneficial Disposed of (D) (D) or (Month/Day/Year) (Instr. 3, 4 and 5) Owned Ownership (Instr. 8) Indirect (I) Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Shares of Common 11/16/2017 S \$ 65 22,286 1,192 D 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)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)

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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. Transactio Code (Instr. 8)	5. Dr.Number of Derivative Securities 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)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase Common Stock	\$ 52.93					05/08/2014	05/07/2019	Common Stock	7,500	
Option to Purchase Common Stock	\$ 61.25					05/07/2015	05/06/2020	Common Stock	5,459	
Option to Purchase Common Stock	\$ 62.78					06/02/2016	06/01/2021	Common Stock	5,508	
Option to Purchase Common Stock	\$ 72.94					05/09/2017	05/08/2022	Common Stock	7,500	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
roporous o whor runne / runne o	Director	10% Owner	Officer	Other			
ABERNATHY JAMES PAUL 2102 GREENLAND DRIVE MURFREESBORO, TN 37130	X						
Signatures							
/s/ J. Paul Abernathy by Kristina P.O.A.	a Hulsey,		11/16/2017				
**Signature of Reporting Perso	n		Date				

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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).

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.