Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

NATIONAL HEALTH INVESTORS INC

Form 4

February 24, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

Form filed by More than One Reporting

January 31, 2005

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may continue.

See Instruction

Check this box

if no longer

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

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 PASCOE KEVIN CARLTON Issuer Symbol NATIONAL HEALTH (Check all applicable) **INVESTORS INC [NHI]** (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title Other (specify (Month/Day/Year) below) 222 ROBERT ROSE DRIVE 02/22/2016 **EVP** - Investments (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

MURFREESBORO, TN 37129

(State)

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Indirect (I) Ownership (Month/Day/Year) (Instr. 8) Owned Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s) or (Instr. 3 and 4)

Person

Code V Amount (D) Price

Common Stock

(City)

18,179 D

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed o (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
Stock Options (Right to Buy)	\$ 60.52	02/22/2016		A	16,666	02/22/2016	02/22/2021	Common Stock	16,666
Stock Options (Right to Buy)	\$ 60.52	02/22/2016		A	16,666	02/22/2017	02/22/2021	Common Stock	16,666
Stock Options (Right to Buy)	\$ 60.52	02/22/2016		A	16,668	02/22/2018	02/22/2021	Common Stock	16,668
Stock Options (Right to Buy)	\$ 64.49					02/25/2015	02/25/2018	Common Stock	10,000
Stock Options (Right to Buy)	\$ 61.31					02/25/2015	02/25/2019	Common Stock	13,333
Stock Options (Right to Buy)	\$ 61.31					02/25/2016	02/25/2019	Common Stock	13,334
Stock Options (Right to Buy)	\$ 72.11					02/20/2015	02/20/2020	Common Stock	13,333
Stock Options (Right to Buy)	\$ 72.11					02/20/2016	02/20/2020	Common Stock	13,333
Stock Options (Right to Buy)	\$ 72.11					02/20/2017	02/20/2020	Common Stock	13,334

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PASCOE KEVIN CARLTON 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129

EVP - Investments

Signatures

/s/Kevin C. Pascoe 02/23/2016

**Signature of Date
Reporting Person

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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