NATIONAL HEALTH INVESTORS INC

Form 4 April 18, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires: January 31, 2005

OMB APPROVAL

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

SECURITIES

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).

(City)

(State)

(Zin)

(Print or Type Responses)

1. Name and Address of Reporting Person * Gaines Kristin Sallee			2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTH INVESTORS INC [NHI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 222 ROBERT	ast) (First) (Middle) COBERT ROSE DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 04/14/2016	Director 10% Owner X Officer (give title Other (specify below) Chief Credit Officer			
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MURFREESBORO, TN 37129				Form filed by More than One Reporting Person			

(City)	(State)	(Zip) Tabl	e I - Non-D	Perivative S	Securi	ties Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/14/2016		Code V M	Amount 16,666	(D)	Price \$ 47.52	48,087	D	
Common Stock	04/14/2016		M	16,668	A	\$ 64.49	64,755	D	
Common Stock	04/14/2016		F	28,334	D	\$ 67.43	36,421	D	

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

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number.

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)	orDeriv Secur Acqu	rities ired (A) sposed of : 3, 4,	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)	\$ 47.52	04/14/2016		M		16,666	02/21/2013	02/21/2017	Common Stock	16,666
Stock Options (Right to Buy)	\$ 64.49	04/14/2016		M		16,668	02/25/2015	02/25/2018	Nhi Common Stock	16,668
Stock Options (Right to Buy)	\$ 47.52						02/21/2014	02/21/2017	Common Stock	16,668
Stock Options (Right to Buy) 2-25-14	\$ 61.31						02/25/2014	02/25/2019	Common Stock	16,666
Stock Options (Right to Buy) 2-25-14	\$ 61.31						02/25/2015	02/25/2019	Common Stock	16,666
Stock Options (Right to Buy) 2-25-14	\$ 61.31						02/25/2016	02/25/2019	Common Stock	16,668
Stock Options (Right to Buy)	\$ 72.11						02/20/2015	02/20/2020	Common Stock	16,666
	\$ 72.11						02/20/2016	02/20/2020		16,666

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Stock Options (Right to Buy)				Common Stock	
Stock Options (Right to Buy)	\$ 72.11	02/20/2017	02/20/2020	Common Stock	16,668
Stock Options (Right to Buy)	\$ 60.52	02/22/2016	02/22/2021	Common Stock	16,666
Stock Options (Right to Buy)	\$ 60.52	02/22/2017	02/22/2021	Common Stock	16,666
Stock Options (Right to Buy)	\$ 60.52	02/22/2018	02/22/2021	Common Stock	16,668

Reporting Owners

Director 10% Owner Officer Other

Gaines Kristin Sallee 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129

Chief Credit Officer

Signatures

/s/ Kristin S.
Gaines

**Signature of Date

**Signature of I Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.

Reporting Owners 3

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).