### Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

NATIONAL HEALT Form 4 February 27, 2014	'H INVESTORS	INC							
								PPROVAL	
Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check this box if no longer	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:	January 31, 2005		
subject to Section 16.							Estimated average burden hours per		
Form 4 or Form 5 I	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
abligations	ction $17(a)$ of the	Public Uti	ility Holdin	ng Com	-	f 1935 or Sectio	n		
(Print or Type Responses)									
1. Name and Address of I Hutchens James Just	2. Issuer Name <b>and</b> Ticker or Trading Symbol NATIONAL HEALTH INVESTORS INC [NHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) 222 ROBERT ROSE		3. Date of Earliest Transaction (Month/Day/Year) 02/25/2014			X Director 10% Owner X Officer (give title Other (specify below) below) CEO and President				
(Street	4 If Amer	4 If Amondmont Data Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Appli _X_F MUREREESBORO TN 37129 -F						Applicable Line) _X_ Form filed by	Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting		
(City) (State)	) (Zip)	Table	e I - Non-Der	rivative S	ecurities Aco	quired, Disposed o	f, or Beneficial	lly Owned	
	action Date 2A. Dee Day/Year) Executi any (Month		Transaction Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	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			Code V	Amount	(D) Price	42,375	D		

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

Persons who respond to the collection of information contained in this form are not 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)

### 1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 2. 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date **Underlying Securities** (Month/Day/Year) (Instr. 3 and 4) Security or Exercise any Code Securities (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) or Derivative Disposed of (D) Security (Instr. 3, 4, and 5) Amount Date Expiration Title Number Exercisable Date Code V (D) Shares (A) Stock Options Common 02/25/2014 100,000 02/25/2014 02/25/2019 100,00 (Right to \$61.31 А Stock Buy) 2-25-14 Stock Nhi Options \$64.49 02/25/2013 02/25/2018 Common 100,00 (Right to Stock Buy)

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hutchens James Justin 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129	Х		CEO and President			
Signatures						

/s/J. Justin 02/26/2014 Hutchens \*\*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.