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

#### NATIONAL HEALTH INVESTORS INC

Form 4 May 12, 2016

### FORM 4

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

OMB Number: 3235-0287

burden hours per

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 obligations may continue. See Instruction

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... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * PASCOE KEVIN CARLTON	2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTH	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
	INVESTORS INC [NHI]	(1111111)		
(Last) (First) (Middle)  222 ROBERT ROSE DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2016	Director 10% Owner Selection Other (specify below) EVP - Investments		
(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) Tab	le I - Non-	Derivative Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of	2. Transaction Date		3.	4. Securities A	* '	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	omr Disposed of	(D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and	5)	Beneficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)			Owned	Direct (D)	Ownership
						Following	or Indirect	(Instr. 4)
						Reported	(I)	
				(A)		Transaction(s)	(Instr. 4)	
			Code V	or Amount (D)	Price	(Instr. 3 and 4)		
Common Stock	05/10/2016		S	2,000 D	\$ 70.7186	19,241	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.

SEC 1474

(9-02)

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.  orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pri Deriv Secui (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
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	
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**

Reporting Owner Name / Address	Relationships						
reporting 6 wher runne / runness	Director	10% Owner	Officer	Other			
PASCOE KEVIN CARLTON 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129			EVP - Investments				

# **Signatures**

/s/Kimberly V. Ouimet, by limited power of attorney for Kevin C. Pascoe 05/12/2016

\*\*Signature of Reporting Person 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.