Edgar Filing: Mendelsohn D. Eric - Form 4

Mendelsohn Form 4	D. Eric										
February 04	, 2019										
FORM	UNITED	STATES					NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESFiled 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						Expires:January 31 2005Estimated average burden hours per response0.5					
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Mendelsohn D. Eric			2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTH INVESTORS INC [NHI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(M			3. Date of Earliest Transaction (Month/Day/Year) 01/31/2019					Director 10% Owner X Officer (give title Other (specify below) below) CEO and President			
MURFREE	(Street) SBORO, TN 371			ndment, Da hth/Day/Year	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securiti n(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6.7. Nature ofOwnershipIndirectForm: DirectBeneficial(D) orOwnershipIndirect (I)(Instr. 4)(Instr. 4)		
Common Stock	01/31/2019			Code V M	Amount 13,334	(D) A	Price \$ 72.11	(Instr. 3 and 4) 34,565	D		
Common Stock	01/31/2019			М	33,333	А	\$ 74.78	67,898	D		
Common Stock	01/31/2019			М	33,333	А	\$ 74.78	101,231	D		
Common Stock	01/31/2019			F	74,617	D	\$ 83.26	26,614	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 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)	Deriv Secu Acqu or Di (D)	rities hired (A) sposed of r. 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)	\$ 72.11	01/31/2019		М		13,334	02/20/2017	02/20/2020	Common Stock	13,334
Stock Options (Right to Buy) - 2-22-17 exp 2-22-22	\$ 74.78	01/31/2019		М		33,333	02/22/2017	02/22/2022	Common Stock	33,333
Stock Options (Right to Buy) 2-22-18 Exp 2-22-22	\$ 74.78	01/31/2019		М		33,333	02/22/2018	02/22/2022	Common Stock	33,333
Stock Options (Right to Buy) 2-22-19 exp 2-22-22	\$ 74.78						02/22/2019	02/22/2022	Common Stock	33,334
Stock Options (Right to Buy) 2-20-18	\$ 64.33						02/20/2019	02/20/2023	Common Stock	41,666

Stock Options (Right to \$64.33 Buy) 2-20-18

02/20/2020 02/20/2023 Common Stock 41,668

Reporting Owners

Reporting Owner Name / Address		Relationships								
1 0	Director	10% Owner	Officer	Other						
Mendelsohn D. Eric 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129)		CEO and President							
Signatures										
/s/D. Eric Mendelsohn 02/	04/2019									
<u>**</u> Signature of Reporting Person	Date									
Explanation of Re	spon	ses:								

* 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.