WEBB ROBERT T

Form 4

January 18, 2005

# FORM 4

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

**SECURITIES** 

OMB

**OMB APPROVAL** 

Number:

3235-0287

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

response...

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

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Res	sponses)								
1. Name and Address of Reporting Person ** WEBB ROBERT T			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
			NATIONAL HEALTH INVESTORS INC [NHI]			(Check all applicable)			
(Last)	(First) (Mic	ldle)	3. Date of Earliest Transaction (Month/Day/Year)				Director Officer (give ti		6 Owner er (specify
2714 ARCHER AVENUE			01/18/2005			ociow)		ociow)	
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Month	/Day/Year)			able Line)	na Papartina Da	2000
MURFREESBORO, TN 37129						_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Z	ip)	Table I	- Non-Dei	rivative Securities Acq	uired, I	Disposed of,	or Beneficia	lly Owned
1.Title of	2. Transaction Date	2A. De	emed	3.	4. Securities Acquired	5. A	Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execut	ion Date, if		on(A) or Disposed of (D)		curities	Ownership	Indirect
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)		neficially	Form:	Beneficial
		(Month	/Day/Year)	(Instr. 8)			ned lowing	Direct (D)	Ownership

(City)	(State) (El	Table 1	l - Non-Dei	rivative Se	curitie	es Acquir	ed, Disposed of,	or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	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)
Shares of Common Stock	01/18/2005		M		A	\$ 16.35	154,070	I	Partnership
Shares of Common Stock - dividend reinvestment							2,562	I	Family Partnership
Shares of Common Stock							500	I	Family Partnership

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Shares of Common Stock	13,500	I	Trustee
Shares of Common Stock	1,500	I	Partnership

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

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SEC 1474

(9-02)

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities (A) or Dis	e Acquired	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and A Underlying S (Instr. 3 and	Securi
	Derivative Security				(D) (Instr. 3, 4	, and 5)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Nun of S
Option to Purchase Common Stock	\$ 16.35	01/18/2005		M		15,000	04/24/2003	04/23/2008	Common Stock	15,
Option to Purchase Common Stock	\$ 23.9	04/20/2004		A	15,000		04/20/2004	04/19/2009	Common Stock	15,

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
WEBB ROBERT T 2714 ARCHER AVENUE MURFREESBORO, TN 37129	X						

### **Signatures**

Robert T. Webb	01/18/2005			
**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.