Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 5

NATIONAL HEALTH INVESTORS INC Form 5 000 February FOF

uary 14, 2008						
DRM 5					OMB AF	PROVAL
	5 OMB APF box if dubject Washington, D.C. 20549 OMB Number: Expires: 16. Form as use. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated ave burden hours response 16. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Iddress of Reporting Person: Estimated ave burden hours response 16. Iddress of Reporting Person: 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Per Issuer 16. INATIONAL HEALTH INVESTORS INC [NHI] (Check all applicable)	3235-0362				
Check this box if no longer subject			Washington, D.C. 20549		Expires:	January 31, 2005
to Section 16. Form 4 or Form 5 obligations may continue.	ANN		burden hour	verage		
See Instruction 1(b). Form 3 Holdings Reported Form 4 Transactions Reported	-	(a) of the Pub				
ame and Address BB ROBERT		g Person <u>*</u>	Symbol NATIONAL HEALTH	Issuer	1 0	
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	X Director	109	% Owner

(Month/Day/Year)

Filed(Month/Day/Year)

4. If Amendment, Date Original

12/31/2007

P.O. BOX 4011

(City)

1. Name WEBB

(Street)

__X__ Director Officer (give title below)

10% Owner _ Other (specify below)

6. Individual or Joint/Group Reporting

(check applicable line)

MURFREESBORO, TNÂ 37133-4011

(State)

(Zin)

X Form Filed by One Reporting Person _ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Table	I - Non-Deriv	vative Sec	uritie	s Acqui	ired, Disposed o	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3, Amount	l (A) c l of (D))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (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	Â	Â	Â	Â	Â	Â	154,070	I	Nancy P. Webb
Shares of Common Stock - Dividend Reinvestment Plan	Â	Â	Â	Â	Â	Â	2,278.3174 (1)	I	Family Partnership DRIP

Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 5

Shares of Common Stock	Â	Â	Â	Â	Â	Â	1,500	Ι	Robert T. Webb Family Partnership
Shares of Common Stock	Â	Â	Â	Â	Â	Â	15,000	I	Trustee - Webb Group

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

Persons who respond to the collection of information SEC 2270 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)		4. Transaction Code (Instr. 8)			Expiration Dat (Month/Day/Y	Date Exercisable and opiration Date Ionth/Day/Year)		Amount of Securities 1 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase common stock	\$ 23.9	Â	Â	Â	Â	Â	04/20/2004	04/19/2009	Common Stock	15,000
Option to purchase common stock	\$ 26.78	Â	Â	Â	Â	Â	05/03/2005	05/02/2010	Common Stock	15,000
Option to purchase common stock	\$ 23.79	Â	Â	Â	Â	Â	05/02/2006	05/01/2011	Common Stock	15,000
Option to purchase common stock	\$ 34.25	Â	Â	Â	Â	Â	05/16/2007	05/15/2012	Common Stock	15,000

(9-02)

8 Ι S (

Reporting Owners

Reporting Own	Relationships							
	1 0			Officer	Other			
WEBB ROBERT 7 P.O. BOX 4011 MURFREESBORG	Г D, TN 37133-4011	ÂX	Â	Â	Â			
Signatures								
/s/ Robert T. Webb	02/13/2008							
<u>**</u> Signature of Reporting Person	Date							

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).

(1) Includes 125.4675 shares acquired pursuant to the dividend reinvestment plan

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.