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NATIONAL HEALTHCARE CORP

Form 4

November 14, 2007

FORM	Λ							OMB AP	PROVAL	
	CNITEDSI	TATES SECURI Wash	TIES AN ington, D			GE C	OMMISSION	OMB Number:	3235-0287	
Check this but if no longer			EC DI DI		(T A T	OWA	EDCHID OF	Expires:	January 31, 2005	
subject to Section 16. Form 4 or Form 5 obligations may continu See Instruct 1(b).	Filed pursu Section 17(a)	ant to Section 16(of the Public Util 30(h) of the Inve	SECURIT (a) of the S ity Holdin	FIES Securities The Comp	s Exc	change Act of	Act of 1934, 1935 or Section	Estimated a burden hour response	verage	
(Print or Type Res	sponses)									
1. Name and Add LASSITER D	Symbol	NATIONAL HEALTHCARE CORP				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 9110 BRENT	(First) (Middle) 3. Date of E (Month/Day EENTMEADE BLVD. 11/09/200			saction			Director 10% Owner Officer (give title Other (specify below) Sr. V.P., Corporate Affairs			
			lment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BRENTWOO	D, TN 37027						Form filed by M Person	ore than One Rep	porting	
(City)	(State) (Z	p) Table	I - Non-Der	ivative Se	curiti	es Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	4. Securities Acquired on (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		d of 5)	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	11/09/2007		M	6,488	A	\$ 20.9	27,338	D		
Shares of Series A Convertible Preferred Stock							11,478	D		

Persons who respond to the collection of

information contained in this form are not

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

SEC 1474

(9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exerci	sable and	7. Title and	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onof Derivative	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
						Date Exercisable	Expiration Date	Title	Amount or Number
				Code V	(A) (D)				of Shares
Employee Stock								Common	
Option -"Right to Buy"	\$ 20.9	11/09/2007		M	6,488	12/20/2006	03/23/2009	Common Stock	23,400

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
LASSITER DAVID L			Sr. V.P.,				
9110 BRENTMEADE BLVD.			Corporate				
BRENTWOOD, TN 37027			Affairs				

Signatures

David L.
Lassiter

**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).

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.

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