FIRST HORIZON NATIONAL CORP

Form 4 July 27, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

Washington, D.C. 20549

3235-0287 Number: January 31, Expires:

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

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 See Instruction

1(b).

(Print or Type Responses)

	Address of Reporting HERBERT H	Symbo FIRS	2. Issuer Name and Ticker or Trading Symbol FIRST HORIZON NATIONAL CORP [FHN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (I RIZON NATION TION, 165 MAD	(Montl (AL 04/02	3. Date of Earliest Transaction (Month/Day/Year) 04/02/2009				Director 10% Owner Sofficer (give title Other (specify below) below) EVP, Risk Management			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
MEMPHIS	ned(month buy) reary				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)				equired I of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)		
Common Stock	04/02/2009		Code V S	Amount 0.2669 (1)	D	\$ 11.17	64,932.2965 (3)	D		
Common Stock	07/06/2009		S	0.6892 (2)	D	\$ 11.46	65,746.9212 (3)	D		
Common Stock							45,976 <u>(4)</u>	I	401(k) Plan	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
						Date	Expiration Date	Title Number			
						Exercisable					
				C 1 W	(A) (D)			of			
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HILLIARD HERBERT H FIRST HORIZON NATIONAL CORPORATION 165 MADISON AVENUE MEMPHIS, TN 38103

EVP, Risk Management

Signatures

/s/ John A. Niemoeller, attorney-in-fact

07/27/2009

**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) Sale of fractional share resulting from 4/1/09 stock dividend
- (2) Sale of fractional share resulting from 7/1/09 stock dividend
- (3) Ending balance may include adjustment(s) for quarterly stock dividends.
- (4) End-of-period total may include adjustment reflecting exempt acquisitions under Issuer's 401(k) Plan. Information is as of latest available statement

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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