#### NATIONAL HEALTH INVESTORS INC

Form 4

January 09, 2015

# FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or

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

Expires: 2005 Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

3235-0287

January 31,

OMB

Number:

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)

1. Name and Address of Reporting Person \*

MCCABE ROBERT A JR

2. Issuer Name and Ticker or Trading

Symbol

NATIONAL HEALTH

5. Relationship of Reporting Person(s) to

Issuer

**INVESTORS INC [NHI]** 

(Middle) (Last) (First) 3. Date of Earliest Transaction

(Month/Day/Year)

\_X\_\_ Director 10% Owner

(Check all applicable)

Officer (give title Other (specify below)

150 3RD AVENUE NORTH, SUITE 01/09/2015

800

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

#### NASHVILLE, TN 37201

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secur	ities Acqu	iired, Disposed of	, or Beneficial	ly 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. Securition(A) or Di (Instr. 3,	sposed 4 and : (A) or	of (D) 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 (1)	01/09/2015		M	15,000			17,655	D	
Shares Of Common Stock (1)	01/09/2015		F	13,185	D	\$ 73.37	4,470	D	
Shares Of Common Stock (1)	01/09/2015		M	15,000	A	\$ 61.31	19,470	D	
Shares Of	01/09/2015		F	12,535	D	\$	6,935	D	

Common Stock (1)

73.37

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

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	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)	\$ 64.49	01/09/2015		M	15,000	02/25/2013	02/25/2018	Common Stock	15,000
Stock Options (Right to Buy) 2-25-14	\$ 61.31	01/09/2015		M	15,000	02/25/2014	02/25/2019	Common Stock	15,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>F-</b>	Director	10% Owner	Officer	Other			
MCCABE ROBERT A JR 150 3RD AVENUE NORTH SUITE 800 NASHVILLE, TN 37201	X						
Signatures							
/s/Kimberly V. Ouimet, by pov attorney	01/09/2015						
**Signature of Reporting Persor	ı		Date				

Reporting Owners 2

## **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) SHARES ACQUIRED AND/OR DISPOSED OF AS A RESULT OF THE EXERCISE OF STOCK OPTIONS AND NOT PURSUANT TO OPEN MARKET TRANSACTIONS.

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.