

FIRST HORIZON NATIONAL CORP
 Form 3
 July 03, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Olivier J Greg		(Month/Day/Year)	FIRST HORIZON NATIONAL CORP [FHN]	
(Last)	(First)	(Middle)	07/01/2007	
FIRST HORIZON NATIONAL CORPORATION,Â 165 MADISON AVENUE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)	(Check all applicable)			
	<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner		
	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other	6. Individual or Joint/Group Filing(Check Applicable Line)	
	(give title below) (specify below)		<input checked="" type="checkbox"/> Form filed by One Reporting Person	
	EVP and Chief Credit Officer		<input type="checkbox"/> Form filed by More than One Reporting Person	
MEMPHIS,Â TNÂ 38103				
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	839	D	Â
Common Stock	360 ⁽¹⁾	I	401(k)

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Options (Right to buy)	01/03/2005 ⁽²⁾	07/01/2014	Common Stock	1,106	\$ 22.6	D	Â
Stock Options (Right to buy)	04/20/2010 ⁽³⁾	04/20/2014	Common Stock	25,781	\$ 39.66	D	Â
Stock Options (Right to buy)	04/22/2008 ⁽³⁾	04/22/2012	Common Stock	2,125	\$ 40.34	D	Â
Stock Options (Right to buy)	04/21/2009 ⁽³⁾	04/21/2013	Common Stock	2,088	\$ 40.71	D	Â
Stock Options (Right to buy)	07/20/2007 ⁽³⁾	07/20/2011	Common Stock	7,500	\$ 44.85	D	Â
Stock Options (Right to buy)	02/17/2007 ⁽⁴⁾	02/17/2011	Common Stock	3,198	\$ 45.73	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Olivier J Greg FIRST HORIZON NATIONAL CORPORATION 165 MADISON AVENUE MEMPHIS, TN 38103	Â	Â	Â EVP and Chief Credit Officer	Â

Signatures

Clyde A. Billings, Jr. 07/03/2007

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) End-of-period total includes adjustment reflecting exempt acquisitions under Issuer's 401(k) Plan. Information is as of the latest available statement.
- (4) Options are exercisable 50% after 3 yrs, 100% after 4 yrs, with vesting accelerated if issuer stock price equals or exceeds \$62.54 on 2/17/07 or on 5 consecutive days before 2/18/07.
- (3) Options are exercisable 50% after 3 yrs, 100% after 4 yrs.
- (2) Option granted in lieu of compensation. Exercise price = 50% of grant date FMV. 50% discount = amount of compensation deferred.

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.