ADAMS W ANDREW

Form 4

February 24, 2011

FORM 4	F	0	R	M	4
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

Expires:

January 31, 2005

0.5

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

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Resp	oonses)										
1. Name and Address of Reporting Person * ADAMS W ANDREW			Symbol	2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTH				5. Relationship of Reporting Person(s) to Issuer			
				INVESTORS INC [NHI]				(Check all applicable)			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)				10% e Other			
222 ROBERT ROSE DRIVE			02/22/2011	•			Chief Exe	below) cutive Office	er		
	(Street)		4. If Amendmer	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day	Filed(Month/Day/Year)			Applicable Line)				
MURFREESBO	ORO, TN 3	7129					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - N	on-Deriva	tive Securities Acq	uired, Dispos	sed of, o	r Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transact (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amou Securitie Benefici Owned	es ially	6. Ownership Form: Direct (D)	7. Nature Indirect Beneficia Ownersh		

(City)	(State) (Zip)	Table I - N	Non-Deriva	tive Secur	rities Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)		(A) or I of (D) 4 and 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)
Common Stock By Amk, L.p.						732,784	D	
Common Stock By Springland Ventures, L.p.						44,000	D	
Common Stock						3,040	I	Common Stock held by Spouse
Common Stock By Adams						222,307	I	Trustee

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Family Foundation II			
Common Stock By Children & Grandchildren's Trust	63,069	I	Trustee
Common Stock by EMA, L.P.	341,802	I	Trustee
Common Stock by JMA Grandchildren's Trust	12,635	I	Trustee
Common Stock by W. Andrew Adams Exempt & Non Exempt Trust	41,551	D	

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

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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 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o 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)	\$ 45.58	02/22/2011		A	15,000	02/22/2011	02/22/2016	Common Stock	15,000
Stock Options (Right to Buy)	\$ 25.29					02/25/2009	02/25/2013	Nhi Common Stock	3,334
	\$ 34.48					03/02/2010	03/02/2020		6,667

(9-02)

Stock Nhi
Options Common
(Right to Stock
Buy)

Relationships

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ADAMS W ANDREW

222 ROBERT ROSE DRIVE X Chief Executive Officer

MURFREESBORO, TN 37129

Signatures

/s/W. Andrew Adams 02/23/2011

**Signature of Date
Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.

Reporting Owners 3

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).