#### Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

#### NATIONAL HEALTH INVESTORS INC

Form 4

February 24, 2015

### FORM 4

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

**OMB** Number:

3235-0287

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**OMB APPROVAL** 

Estimated average burden hours per

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

response...

if no longer subject to Section 16. Form 4 or

Check this box

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

**SECURITIES** 

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* PASCOE KEVIN CARLTON

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

below)

NATIONAL HEALTH **INVESTORS INC [NHI]** 

(Check all applicable) Director 10% Owner

**EVP** - Investments

(Last) (First) (Middle)

(Street)

3. Date of Earliest Transaction (Month/Day/Year)

X\_ Officer (give title Other (specify

222 ROBERT ROSE DRIVE

02/20/2015

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original Filed(Month/Day/Year)

3.

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

MURFREESBORO, TN 37129

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Indirect (I) Ownership Owned Following (Instr. 4) (Instr. 4) Reported

D

Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

(A)

4. Securities

Common Stock

17,679

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

(Month/Day/Year)

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction 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 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)	\$ 72.11	02/20/2015		A	13,333	02/20/2015	02/20/2020	Common Stock	13,333
Stock Options (Right to Buy)	\$ 72.11	02/20/2015		A	13,333	02/20/2016	02/20/2020	Common Stock	13,333
Stock Options (Right to Buy)	\$ 72.11	02/20/2015		A	13,334	02/20/2017	02/20/2020	Common Stock	13,334
Stock Options (Right to Buy)	\$ 64.49					02/25/2015	02/25/2018	Common Stock	10,000
Stock Options (Right to Buy)	\$ 61.31					02/25/2015	02/25/2019	Common Stock	13,333

# **Reporting Owners**

Director 10% Owner Officer Other

PASCOE KEVIN CARLTON 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129

**EVP** - Investments

# **Signatures**

/s/Kevin C. Pascoe 02/24/2015

\*\*Signature of Date

Reporting Person

Reporting Owners 2

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# **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.