Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

| NATIONAI Form 4 April 02, 20 | L HEALTH INV | ESTORS | INC | | | | | | | | |
|---|--|----------|--|-----------------------------------|--|---------------|--|--|---|--|--|
| FORM | ЛЛ | | | | | | | OMB AF | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check th if no lon | aer. | | | | | | | January 31, | | | |
| subject to STATEMENT OF CHA | | | | HANGES IN BENEFICIAL OWNERSHIP OF | | | | | 2005 verage | | |
| | | | | | CURITIES | | | | rs per | | |
| Form 5 | Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | response 0.5 | | |
| obligatio | ons Section 17 | | | | | • | 1935 or Section | | | | |
| may con <i>See</i> Instr | unue. | | of the Investn | • | - | • | | | | | |
| 1(b). | uction | | | | • | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and A Hutchens Ja | Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| | | | NATIONAL HEALTH INVESTORS INC [NHI] | | | | (Check all applicable) | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earlie | est Transactior | ı | - | _X_ Director | | Owner | | |
| | | | (Month/Day/Year) | | | | XOfficer (give titleOther (specify below) below) | | | | |
| 222 ROBERT ROSE DRIVE | | | 03/31/2015 | | | | CEO and President | | | | |
| | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Month/Day | Filed(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MURFREE | ESBORO, TN 37 | 129 | | | | - | _A_ Form filed by Mo Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | | | a | | | D (# 1 11 | | | |
| | · · · | | | | | - | ired, Disposed of, | | • | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Data (Month/Day/Year) | | Date, if Trans Code | actionor Dispo (Instr. 3, | sed of 4 and (A) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | V Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 03/31/2015 | | S | 5,950 | D | \$ 70.2578 | 67,419 | D | | | |

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

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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date U (Month/Day/Year) (e | | | Fitle and Amount of derlying Securities str. 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 | 02/20/2020 | Common Stock | 100,000 | |

Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-------------------|-------|--|--|--|--|
| reporting of the real of the | Director | 10% Owner | Officer | Other | | | | |
| Hutchens James Justin 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129 | Х | | CEO and President | | | | | |
| Signatures | | | | | | | | |
| /s/J. Justin 03/ Hutchens | /31/2015 | | | | | | | |

**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).

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.