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

#### NATIONAL HEALTH INVESTORS INC

Form 4 April 21, 2017

#### FORM 4

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

OMB 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

**OMB APPROVAL** 

Form 4 or 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

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Mendelsohn D. Eric	2. Issuer Name and Ticker or Trading Symbol NATIONAL HEALTH INVESTORS INC [NHI]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) (First) (Middle)  222 ROBERT ROSE DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 04/20/2017	Director 10% Owner X Officer (give title Other (specify below) CEO and President		
(Street)  MURFREESBORO, TN 37129	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 Person		

(City)	(State)	(Zip) Tabl	e I - Non-D	Perivative S	Securities Acqu	uired, 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. Transaction Code (Instr. 8)		ies Acquired sposed of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	04/20/2017	04/20/2017	Code V	Amount 12,500	(A) or (D) Price A	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	

Common Stock 04/20/2017 04/20/2017 M 12,500 A \$ 21,151 D Common Stock 04/20/2017 F 11,071 D \$ 75.49 10,080 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.

SEC 1474

(9-02)

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## $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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. Transacti Code (Instr. 8)	orDeri Secu Acqu or D (D)	rities nired (A) isposed of r. 3, 4,	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)	\$ 60.52	04/20/2017	04/20/2017	M		12,500	02/22/2017	02/22/2021	Common Stock	12,500
Stock Options (Right to Buy)	\$ 72.11						02/20/2017	02/20/2020	Common Stock	13,334
Stock Options (Right to Buy)	\$ 60.52						02/22/2018	02/22/2021	Common Stock	25,000
Stock Options (Right to Buy) - 2-22-17 exp 2-22-22	\$ 74.78						02/22/2017	02/22/2022	Common Stock	33,333
Stock Options (Right to Buy) 2-22-18 Exp 2-22-22	\$ 74.78						02/22/2018	02/22/2022	Common Stock	33,333
Stock Options (Right to Buy) 2-22-19 exp 2-22-22	\$ 74.78						02/22/2019	02/22/2022	Common Stock	33,334

#### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Mendelsohn D. Eric

222 ROBERT ROSE DRIVE CEO and President

MURFREESBORO, TN 37129

## **Signatures**

/s/D. Eric

Mendelsohn 04/21/2017

\*\*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.

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<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).