Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

NATIONAL Form 4 February 24,	HEALTH INVI	ESTORS I	NC							
								OMB A	PPROVAL	
FORM	UNITED	STATES		RITIES A			COMMISSION	NOMB Number:	3235-0287	
if no long subject to Section 1 Form 4 o Form 5 obligation may cont	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES 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 F	Responses)									
1. Name and A Mendelsohn	ddress of Reporting D. Eric	Person <u>*</u>	Symbol NATIC	er Name an ONAL HE TORS IN	ALTH		5. Relationship o Issuer (Che	of Reporting Per eck all applicabl		
(Month			(Month/I	5. Date of Earliest Transaction Month/Day/Year))2/20/2015			Director 10% Owner X Officer (give title Other (specify below) EVP - Corporate Finance			
				. If Amendment, Date Original ïled(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 			
MURFREE	SBORO, TN 371	29					Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	.cquired, Disposed (of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Rep	ort on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.			
							pond to the colle ained in this form		SEC 1474 (9-02)	

required to respond to the conection of SEC 14. (9-0) 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	d of				
				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		А	13,333		02/20/2016	02/20/2020	Common Stock	13,333
Stock Options (Right to Buy)	\$ 72.11	02/20/2015		А	13,334		02/20/2017	02/20/2020	Common Stock	13,334

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B B B B B B B B B B B B B B B B B B B	Director	10% Owner	Officer	Other			
Mendelsohn D. Eric 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129			EVP - Corporate Finance				

Signatures

/s/D. Eric	
Mendelsohn	02/23/2015
<u>**</u> 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.