ADAMS W ANDREW

Form 4

January 03, 2005

# FORM 4

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

OMB Number:

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Check this box if no longer

subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average

**OMB APPROVAL** 

Form 4 or

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

may continue. See Instruction

obligations

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).

Form 5

(Print or Type Responses)

1 Name and Address of Departing De

1. Name and Address of Reporting Person * ADAMS W ANDREW			Symbol	NATIONAL HEALTHCARE CORP				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) (First) (Middle)			(Month/Day/Ye	3. Date of Earliest Transaction (Month/Day/Year)				X Director 10% Owner Officer (give title Other (specify below) below)				
100 VINE ST., SUITE 1400				12/29/2004	12/29/2004							
(Street)				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				
MUF	RFREESBO	ORO, TN 3	7130						Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										y Owned		
1.Title (Instr.	e of Security . 3)	2. Transac (Month/D		2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securition(A) or Dis (D) (Instr. 3, 4	sposed of		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)	
Share Com	mon Stock				Code	7 miodii:		11100	477	D		
	es of mon Stock amsMark	12/29/20	004		M	55,000	A	\$ 3	967,545	D		
- Ada	mon Stock								77,528	I	Trustee	

#### Edgar Filing: ADAMS W ANDREW - Form 4

Shares of			
Common Stock	35,407	I	Trustee
- Adams Family	33,407	1	Trustee
Foundation II			
Shares of			
Common Stock			
- Adams	2,307	I	Trustee
Grandchildren's			
Trust			

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)

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. Transactio 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 Number Shares
Employee Stock Option - "Right to Buy"	\$ 3	12/29/2004		M	55,000	12/29/2004	10/25/2006	Common Stock	55,000
Employee Stock Option - "Right to	\$ 20.9					02/22/2010	03/23/2010	Common Stock	300,00

## **Reporting Owners**

Buy"

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
ADAMS W ANDREW 100 VINE ST., SUITE 1400 MURFREESBORO, TN 37130	X						

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### **Signatures**

W. Andrew 12/30/2004

\*\*Signature of Date
Reporting Person

## **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.

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