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NATIONAL HEALTHCARE CORP

Form 3 April 19, 2017

FORM 3

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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 Responses)

| 1. Name and Address of Reporting Person A McIntosh Leroy E. Jr. | | | 2. Date of E Requiring St (Month/Day | tatement | | uer Name and Ticker or Trading Symbol IONAL HEALTHCARE CORP [NHC] | | | | |
|--|-------|---------------|--|--|--|--|-----------------------------|---|--|--|
| | | (Middle) | 04/17/201 | 7 | 4. Relationship of Reporting Person(s) to Issuer | | g | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 100 VINE ST. | | | | | | | | Tirod(intention Bully Tout) | | |
| (Street) | | | | | (Check all applicable) Director 10% OwnerX Officer Other (give title below) (specify below) SVP, Ancillary Services | | | 6. Individual or Joint/Group | | |
| MURFREESBORO, TN 37130 | | | | | | | | Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) (S | tate) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 4) | | | | 2. Amount of S Beneficially O (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nate Owner (Instr. | • | | |
| Shares of Common Stock held in my name or my spouse's name | | | | 0 (1) | | D | Â | | | |
| Reminder: Report on owned directly or ind | | line for each | class of secu | urities beneficial | lly SI | EC 1473 (7-02) |) | | | |
| 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | Title | Derivative | Security: | |
| | | | Security | Direct (D) | |

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Date Expiration Amount or or Indirect
Exercisable Date Number of (I)
Shares (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McIntosh Leroy E. Jr.

100 VINE ST. Â Â SVP, Ancillary Services Â

MURFREESBORO, TNÂ 37130

Signatures

/s/ Leroy E. 04/19/2017 McIntosh, Jr.

**Signature of Reporting Date
Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) No securities beneficially owned

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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