

NATIONAL HEALTHCARE CORP

Form 5

February 15, 2017

**FORM 5****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

Check this box if  
no longer subject  
to Section 16.  
Form 4 or Form  
5 obligations  
may continue.  
See Instruction  
1(b).

Form 3 Holdings  
Reported  
Form 4  
Transactions  
Reported

**ANNUAL STATEMENT OF CHANGES IN 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

## OMB APPROVAL

OMB  
Number: 3235-0362  
Expires: January 31,  
2005  
Estimated average  
burden hours per  
response... 1.0

1. Name and Address of Reporting Person \*  
COGGIN D GERALD

(Last) (First) (Middle)

1942 DILTON-MANKIN ROAD

(Street)

2. Issuer Name **and** Ticker or Trading  
Symbol  
NATIONAL HEALTHCARE CORP  
[NHC]

3. Statement of Issuer's Fiscal Year Ended  
(Month/Day/Year)  
12/31/2016

4. If Amendment, Date Original  
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to  
Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
\_\_\_\_X\_\_\_\_ Officer (give title \_\_\_\_\_ Other (specify  
below) below)  
formerly Sr.VP, Corp Relations

6. Individual or Joint/Group Reporting

(check applicable line)

MURFREESBORO, TN 37127

\_\_\_\_X\_\_\_\_ Form Filed by One Reporting Person  
\_\_\_\_ Form Filed by More than One Reporting  
Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Shares of Common Stock	Â	Â	Â	Â Â Â	24,398 <sup>(1)</sup> <u>(2) (3)</u>	D	Â
Shares of Common Stock	Â	Â	Â	Â Â Â	28,666 <sup>(3)</sup>	I	Exempt Trust
Shares of Common Stock	Â	Â	Â	Â Â Â	25,089 <sup>(3)</sup>	I	TN Community Property

								Trust
Shares of Common Stock	Â	Â	Â	Â	Â	Â	239,032 <sup>(3)</sup>	I Longboat Financial LP
Shares of Common Stock	Â	Â	Â	Â	Â	Â	19,517 <sup>(3)</sup>	I Coggin Family LP

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

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SEC 2270  
(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. Transaction Code (Instr. 8)	5. Number of Derivative 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)	8. Price of Derivative Security (Instr. 5)	9. of Derivative Securities (Instr. 5)
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares		

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
COGGIN D GERALD 1942 DILTON-MANKIN ROAD MURFREESBORO, TN 37127	Â	Â	Â formerly Sr.VP, Corp Relations	Â

## Signatures

D. Gerald Coggin by Kristina R. Hulsey,  
P.O.A. 02/15/2017

\*\*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).

(1) Amount includes 19 shares which were acquired pursuant to the Employee Stock Purchase Plan for the Plan Year 2016.

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- (2) Total amount revised to correct error in prior filings.
- (3) No trades have occurred - more detail on form of beneficial ownership is being provided.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.