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

NATIONAL Form 4 February 27, 2	HEALTH INVES 2014	TORS INC							
							OMB A	PPROVAL	
FORM	UNITED S	Washington, D.C. 20549							
Check this box if no longer							Expires:	January 31, 2005	
subject to Section 16 Form 4 or	SIAIEMI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							
Form 4 or Form 5	Filed pure	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						0.5	
obligations may contin <i>See</i> Instruct 1(b).	s Section $17(a)$		Utility Hold	ting Com	pany Act c	of 1935 or Section	'n		
(Print or Type Re	esponses)								
1. Name and Address of Reporting Person <u>*</u> Jobe James R			uer Name <b>and</b> ol IONAL HE. ESTORS IN	ALTH	frading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 2058 ALEXA	(First) (Mi	(Mont	3. Date of Earliest Transaction (Month/Day/Year) 02/25/2014			XDirector10% Owner Officer (give titleOther (specify below)Other (specify			
(Street)			mendment Da	te Original		6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year)       Applicable Line)         _X_ Form filed by 0						One Reporting Person Lore than One Reporting			
(City)	(State) (Z	Zip) T	able I - Non-D	) Perivative S	Securities Ac	quired, Disposed o	f. or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. if Transacti Code ar) (Instr. 8)	4. Securit onAcquired Disposed	ties (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock						100	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.

 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 or Number of Shares
Stock Options (Right to Buy) 2-25-14	\$ 61.31	02/25/2014		A	15,000	02/25/2014	02/25/2019	Common Stock	15,000

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## **Reporting Owners**

Reporting Owner Name / Address						
i o	Director	10% Owner	Officer	Other		
Jobe James R 2058 ALEXANDER BLVD. MURFREESBORO, TN 37130	Х					
Signatures						
/s/Kimberly V. Ouimet, by power attorney	02	/26/2014	ŀ			
**Signature of Reporting Person			Date			
Explanation of Besponses:						

## II UI NESPUIISES.

\* 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.