#### NATIONAL HEALTH INVESTORS INC

Form 4

February 27, 2015

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

(Middle)

(Zip)

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

(First)

(State)

MCCABE ROBERT A JR

2. Issuer Name and Ticker or Trading

Symbol

NATIONAL HEALTH

**INVESTORS INC [NHI]** 

3. Date of Earliest Transaction

X\_ Director Officer (give title below)

10% Owner Other (specify

(Month/Day/Year) 150 3RD AVENUE NORTH, SUITE 02/27/2015

800

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

Applicable Line)

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

Issuer

NASHVILLE, TN 37201

(5)	()	Tabl	le I - Non-I	Jerivative	Secu	rities Acqu	irea, Disposea of	, or Beneficiall	y Owned
1.Title of	2. Transaction Date		3.	4. Secur			5. Amount of	6.	7. Nature of
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(Instr. 5)		(Month/Day/Year)	(Instr. 8)	(Instr. 5	, i dira		Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
				(A)		Reported Transaction(s)	(Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Shares Of						ф			
Common	02/27/2015		P	398	A	\$ 71.174	7,390.332	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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

8. Pri Deriv Secur (Instr

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. Transac Code (Instr. 8	ction (	5.  Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) vative rities tired or osed v) c. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 9 (
				Code	V (	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 72.11						02/20/2015	02/20/2020	Common Stock	20,000	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
MCCABE ROBERT A JR 150 3RD AVENUE NORTH SUITE 800 NASHVILLE, TN 37201	X						

### **Signatures**

/s/Robert A.
McCabe, Jr.

\*\*Signature of Reporting Date

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.

Reporting Owners 2