WEBB ROBERT T

Form 4 May 05, 2005

## FORM 4

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

OMB

**OMB APPROVAL** 

Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average

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

Check this box

obligations may continue.

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

**SECURITIES** 

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** WEBB ROBERT T   |                             |            | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>NATIONAL HEALTH<br>INVESTORS INC [NHI] |                                  |                     | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable) |   |  |   |
|--|-----------------------------|------------|---|----------------------------------|---------------------|---|---|--|---|
| (Last) 2714 ARCHE  | (First)                     | (Month/Day |   |                                  | •                   |   |   | Director 10% Owner Officer (give title Other (speciw) below) |   |
| MADEDEE  | (Street)                    | 27100      | 4. If Amend Filed(Month/  | nent, Date Original<br>Day/Year) |                     |   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting |  |   |
| MURFREESI  | BORO, TN                    | 37129      |   |                                  |                     |   | Person  |  |   |
| (City)   | (State)                     | (Zip)      | Table I   | - Non-Deri                       | vative Se           | curities Acq  | uired, Disposed   | of, or Benefic   | ially Owned   |
| 1.Title of<br>Security<br>(Instr. 3)                       | 2. Transactic<br>(Month/Day | any        | Deemed<br>ution Date, if<br>hth/Day/Year)   | Transaction<br>Code              | Disposed (Instr. 3, | (A) or of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)     | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Shares of<br>Common<br>Stock                               |                             |            |   |                                  |                     |   | 154,070   | Ι  | Partnership   |
| Shares of<br>Common<br>Stock -<br>dividend<br>reinvestment |                             |            |   |                                  |                     |   | 3,046   | I  | Family<br>Partnership   |
| Shares of<br>Common<br>Stock                               |                             |            |   |                                  |                     |   | 500   | I  | Family<br>Partnership   |

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| Shares of<br>Common<br>Stock |  | 13,500 | I | Trustee     |
|------------------------------|--|--------|---|-------------|
| Shares of<br>Common<br>Stock |  | 1,500  | I | Partnership |
|                              |  |        |   |             |

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)

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date Underly (Month/Day/Year) (Instr. 3 |                    | 7. Title and A Underlying S (Instr. 3 and 4 | Securities                          |
|---|---|---|---|---|--|--|--------------------|---|-------------------------------------|
|   |   |   |   | Code V                                  | (A) (D)  | Date<br>Exercisable                                | Expiration<br>Date | Title                                       | Amount<br>or<br>Number<br>of Shares |
| Option to<br>Purchase<br>Common<br>Stock            | \$ 23.9   |   |   |   |  | 04/20/2004   | 04/19/2009         | Common<br>Stock                             | 15,000                              |
| Option to<br>Purchase<br>Common<br>Stock            | \$ 26.78  | 05/03/2005                              |   | A                                       | 15,000   | 05/03/2005   | 05/02/2010         | Common<br>Stock                             | 15,000                              |

# **Reporting Owners**

| Reporting Owner Name / Address      | Relationships |           |         |       |  |  |  |
|-------------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address      | Director      | 10% Owner | Officer | Other |  |  |  |
| WEBB ROBERT T<br>2714 ARCHER AVENUE | X             |           |         |       |  |  |  |
| MURFREESBORO, TN 37129              |               |           |         |       |  |  |  |

Reporting Owners 2

## **Signatures**

Robert T. Webb 05/05/2005

\*\*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.

Signatures 3