Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

NATIONAL HEALTH INVESTORS INC

Form 4 April 11, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

WELCH TED H

(Last) (First) (Middle)

611 COMMERCE STREET, SUITE

3102

Common

Stock

(Street)

04/09/2008

2. Issuer Name and Ticker or Trading

Symbol

NATIONAL HEALTH **INVESTORS INC [NHI]**

3. Date of Earliest Transaction

(Month/Day/Year) 04/09/2008

4. If Amendment, Date Original

Filed(Month/Day/Year)

Code V

M

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X_ Director 10% Owner Officer (give title Other (specify

below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

X Form filed by One Reporting Person Form filed by More than One Reporting

6.

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State)

NASHVILLE, TN 37203

2. Transaction Date 2A. Deemed 1. Title of Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Zip)

(Month/Day/Year)

4. Securities Acquired 3. Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Amount

15,000

(A)

or

(D)

Following Reported Transaction(s) Price

(Instr. 3 and 4)

51,018

Ownership Indirect Form: Direct Beneficial (D) or Ownership

Indirect (I) (Instr. 4) (Instr. 4)

7. Nature of

D

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

16.35

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)

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

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. Transactic Code (Instr. 8)	orDeri Secu Acq or D (D)	nrities uired (A) risposed of er. 3, 4,	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
Option to Purchase Common Stock	\$ 16.35	04/09/2008		M		15,000	04/24/2003	04/23/2008	Common Stock	15,000
Option to Purchase Common Stock	\$ 23.9						04/20/2004	04/19/2009	Common Stock	15,000
Option to Purchase Common Stock	\$ 26.78						05/03/2005	05/02/2010	Common Stock	15,000
Option to Purchase Common Stock	\$ 23.79						05/02/2006	05/01/2011	Common Stock	15,000
Option to Purchase Common Stock	\$ 34.25						05/16/2007	05/15/2012	Common Stock	15,000

Reporting Owners

/s/Ted H. Welch

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships					
toporting of the randof radiatess	Director	10% Owner	Officer	Other		
WELCH TED H 611 COMMERCE STREET, SUITE 3102 NASHVILLE, TN 37203	X					
Signatures						

04/10/2008

Date

Reporting Owners 2

Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

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.