### Edgar Filing: COGGIN D GERALD - Form 5

#### COGGIN D GERALD

Form 5

Common

January 22, 2013

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer COGGIN D GERALD Symbol NATIONAL HEALTHCARE CORP (Check all applicable) [NHC] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner \_ Officer (give title Other (specify X (Month/Day/Year) below) below) 12/31/2012 SVP, Ancillary Serv & Corp Rel 1942 DILTON-MANKIN ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) MURFREESBORO, TNÂ 37127 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. 7. Nature of (Month/Day/Year) Execution Date, if Indirect Security Transaction Acquired (A) or Securities Ownership (Instr. 3) Code Disposed of (D) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at Direct (D) Ownership end of or Indirect (Instr. 4) Issuer's (I) Fiscal Year (Instr. 4) (A) (Instr. 3 and or (D) Price Amount Shares of Common Stock in my Â 09/24/2012 Â G 1.036 D \$0 $0^{(1)}$ D name and my spouse's name Â Â Shares of 11/09/2012 G $0^{(2)}$ 2,220 \$0 D D

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Stock in my name and my spouse's name									
Shares of Common Stock in my name, spouse & partnership name	12/26/2012	Â	G	6,032	D	\$ 0	325,743 (3)	D	Â
Shares of Common Stock in Trust	Â	Â	Â	Â	Â	Â	1,937	I	Trustee of Estate Trust
Shares of Common Stock	Â	Â	Â	Â	Â	Â	19,517	I	Family Partnership
Shares of Series A Convertible Preferred Stock	Â	Â	Â	Â	Â	Â	63,181	D	Â
Shares of Series A Convertible Preferred Stock held in Trust	Â	Â	Â	Â	Â	Â	3,500	I	Trustee of Estate Trust
Reminder: Report securities benefic	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 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)	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)		te	7. Title and A Underlying S (Instr. 3 and	Securities
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or

Number of Shares

Option to

Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
COGGIN D GERALD 1942 DILTON-MANKIN ROAD MURFREESBORO, TN 37127	Â	Â	SVP, Ancillary Serv & Corp Rel	Â			

# **Signatures**

D. Gerald Coggin 01/22/2013

\*\*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).
- (1) Transaction totaled on the third line below.
- (2) Transaction totaled on the line below.
- (3) Includes 30 shares acquired pursuant to the Employee Stock Purchase Plan, 2012 Plan Year.

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.

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