Gaines Kristin Sallee Form 4 September 16, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0287 January 31,

Expires: 2005
Estimated average

0.5

burden hours per response...

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

Section 16.
Form 4 or
Form 5
obligations

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

may continue.

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Gaines Kristin Sallee Issuer Symbol NATIONAL HEALTH (Check all applicable) **INVESTORS INC [NHI]** (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify X_ Officer (give title (Month/Day/Year) below) 222 ROBERT ROSE DRIVE 09/14/2011 Chief Credit Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting MURFREESBORO, TN 37129 Person

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative (Secur	ities Acqu	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	ed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	09/14/2011		Code V S	Amount 6,328	(D)	Price \$ 44.09	24,703	D	
Common Stock (restricted Stock Award)							500	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

SEC 1474

(9-02)

Edgar Filing: Gaines Kristin Sallee - Form 4

displays a currently valid OMB control number.

8. Pri Deriv Secur (Instr

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)	saction Date 3A. Deemed (/Day/Year) Execution Date, if any (Month/Day/Year)		5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		e	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 29.24					02/04/2011	02/04/2013	Nhi Common Stock	2,500	
Stock Options (Right to Buy)	\$ 29.24					02/04/2012	02/04/2013	Nhi Common Stock	2,500	
Stock Options (Right to Buy)	\$ 46.22					02/25/2011	02/25/2016	Common Stock	16,667	
Stock Options (Right to Buy)	\$ 46.22					02/25/2012	02/25/2016	Common Stock	16,667	
Stock Options (Right to Buy)	\$ 46.22					02/25/2013	02/25/2016	Common Stock	16,666	
Stock Options (Right to Buy)	\$ 34.48					03/02/2012	03/02/2020	Nhi Common Stock	16,668	

Reporting Owners

Reporting Owner Name / Address Relationships

Reporting Owners 2

Edgar Filing: Gaines Kristin Sallee - Form 4

Director 10% Owner Officer Other

Gaines Kristin Sallee 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129

Chief Credit Officer

Signatures

/s/ Kristin S. 09/16/2011 Gaines

**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