Spaid John L Form 4/A February 11, 2019

#### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 3

Number: 3235-0287

January 31,

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**OMB APPROVAL** 

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 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 30(h) of the Investment Company Act of 1940

See Instruction 30(h) of the Investment Company Act of 19

1(b).

(Print or Type Responses)

1. Name and Ad Spaid John L	•	orting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			NATIONAL HEALTH INVESTORS INC [NHI]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% OwnerX_ Officer (give title Other (specify		
222 ROBERT ROSE DRIVE			01/30/2019	below) below) Exec. VP of Finance		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MURFREESBORO, TN 37129			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
			01/31/2019			
(City)	(State)	(Zip)	Tabla I - Non-Darivativa Sacurities A	Acquired Disposed of or Reneficially Owne		

(,)	()	Tabl	e I - Non-D	erivative S	securi	ties Acqu	irea, Disposea of	, or Beneficiali	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securiti	ies Ac	quired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	posed	of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4	and 5	<u>5)</u>	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	01/30/2019		F	34,486 (1)	D	\$ 81.23	6,484.6372	D	

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

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SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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)	5. orNumber 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	8. Pri Deriv Secui (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy) 2-22-18 Exp 2-22-22	\$ 74.78					02/22/2018	02/22/2022	Common Stock	13,333	
Stock Options (Right to Buy) 2-22-19 exp 2-22-22	\$ 74.78					02/22/2019	02/22/2022	Common Stock	13,334	
Stock Options (Right to Buy) 2-20-18	\$ 64.33					02/20/2018	02/20/2023	Common Stock	14,166	
Stock Options (Right to Buy) 2-20-18	\$ 64.33					02/20/2019	02/20/2023	Common Stock	14,166	
Stock Options (Right to Buy) 2-20-18	\$ 64.33					02/20/2020	02/20/2023	Common Stock	14,168	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

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Spaid John L 222 ROBERT ROSE DRIVE MURFREESBORO, TN 37129

Exec. VP of Finance

### **Signatures**

/s/ John L. Spaid 02/08/2019
\*\*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) Due to an administrative error, the amount withheld for delivery was incorrectly reported and should have been reported as 70 less issued shares withheld than originally reported.

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.

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