#### Edgar Filing: NATIONAL HEALTH INVESTORS INC - Form 4

#### NATIONAL HEALTH INVESTORS INC

Form 4

March 20, 2008

# FORM 4 IINI

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

OMB Number: 3235-0287

**OMB APPROVAL** 

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005 Estimated average

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

burden hours per response... 0.5

*See* Instruction 1(b).

(Print or Type Responses)

1. Name and Add WEBB ROBE	ng Persor	Symbol NATIONA	2. Issuer Name <b>and</b> Ticker or Trading Symbol NATIONAL HEALTH INVESTORS INC [NHI]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 2714 ARCHE	(First)	(Middle)	,	3. Date of Earliest Transaction (Month/Day/Year) 03/20/2008			tleOthe	Owner r (specify	
(Street)  MURFREESBORO, TN 37129			4. If Amenda	4. If Amendment, Date Original Filed(Month/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 Person		
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Securities Acq	uired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transactio (Month/Day/	Year) I	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (E) (Instr. 3, 4 and 5)		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	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)
Shares of Common Stock			Code	rinoune	(2)	Titee	154,070	I	Nancy P. Webb
Shares of Common Stock - Dividend Reinvestment							2,278.3174	I	Family Partnership DRIP
Shares of Common Stock							1,500	I	Robert T. Webb Family Partnership

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Shares of Common Stock					15,000	I	Trustee - Webb Group
Shares of Common Stock	03/20/2008	A	11,087 A	\$ 32.94	11,087	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 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 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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		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	\$ 23.9	03/20/2008		D		15,000	04/20/2004	04/19/2009	Common Stock	15,000
Option to Purchase Common Stock	\$ 26.78	03/20/2008		D		15,000	05/03/2005	05/02/2010	Common Stock	15,000
Option to Purchase Common Stock	\$ 23.79	03/20/2008		D		15,000	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**

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Reporting Owners 2

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Director 10% Owner Officer Other

WEBB ROBERT T
2714 ARCHER AVENUE X
MURFREESBORO, TN 37129

## **Signatures**

/s/Robert T. Webb 03/20/2008

\*\*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