

# FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: December 31, 2014  
Estimated average burden  
hours per response.....0.5

Check this box if no longer  
subject to Section 16. Form 4 or  
Form 5 obligations may continue.  
See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

1. Name and Address of Reporting Person* Ernest G. Burgess III 7097 Franklin Road Murfreesboro TN 37128	2. Issuer Name and Ticker or Trading Symbol National HealthCare Corporation [NHC]	5. Relationship of Reporting Person(s) to Issuer (check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
	3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) 06/02/2016	
	4. If amendment, Date Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More Than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (mm/dd/yy)	2A. Deemed Execution Date, if any (mm/dd/yy)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, & 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3, & 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Shares of Common Stock								98,421	D	

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

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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Form 4 (cont.)  
Name and Address of Reporting Person  
Ernest G. Burgess III  
7097 Franklin Road  
Murfreesboro TN 37128

Issuer Name and Ticker or Trading Symbol  
National HealthCare Corporation [NHC]

Period Of Report  
06/02/2016

**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 (mm/dd/yy)	3A. Deemed Execution Date, if any (mm/dd/yy)	4. Transaction Code (Instr. 8)		5. No. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, & 5)		6. Date Exercisable and Expiration Date (mm/dd/yy)		7. Title and Amount of Underlying Securities (Instr. 3 & 4)		8. Price of Derivative Security (Instr. 5)	9. No. of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3, & 4)	10. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to Purchase Common Stock	\$44.80							05/03/2012	05/02/2017	Common Stock	7,500		7,500	D	
Option to Purchase Common Stock	\$47.45							05/08/2013	05/07/2018	Common Stock	7,500		7,500	D	
Option to Purchase Common Stock	\$52.93							05/08/2014	05/07/2019	Common Stock	7,500		7,500	D	
Option to Purchase Common Stock	\$61.25							05/07/2015	05/06/2020	Common Stock	7,500		7,500	D	
Option to Purchase Common Stock (2)	\$62.78 (2)	06/02/2016		A (2)		7,500 (1)		06/02/2016	06/01/2021	Common Stock	7,500	\$0	7,500	D	

Explanation of Responses:

- (1) - This stock option was granted pursuant to the Company's 2005 Stock Option Plan on June 2, 2016. The grant and exercise of this stock option are exempt from Section 16(b) pursuant to Rule 16b-3(d).  
(2) - This Option to Purchase Common Stock granted 06/02/2016 was inadvertently reported on a Form 5 when it should have been filed on a Form 4. This Form 4 correctly reflects the transaction and replaces the previous Form 5.

By: Ernest G. Burgess, III by Kristina Hulsey, P.O.A. 6/3/2016  
\*\*Signature of Reporting Person Date

\*\*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.

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