

FORM 5

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

OMB APPROVAL

OMB Number: 3235-0362
Expires: April 30, 2017
Estimated average burden
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Form 5 obligations may continue.
See Instruction 1(b).

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 3 Holdings Reported

Form 4 Transactions Reported

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 NationalHealthCare 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. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016	
	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. Trans- action Date (mm/dd/yy)	2A. Deemed Execution Date, if any (mm/dd/yy)	3. Trans- action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, & 5)			5. Amount of Securities Beneficially Owned at End of Issuer's Fiscal Year (Instr. 3, & 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price			
Shares of Common Stock	11/21/2016		G	1,300	D	\$0	0 (1)	D	
Shares of Common Stock	11/21/2016		G	500	D	\$0	0 (1)	D	
Shares of Common Stock	11/21/2016		G	1,000	D	\$0	95,121	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).

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.

Form 5 (cont.)
 Name and Address of Reporting Person
 Ernest G. Burgess III
 7097 Franklin Road
 Murfreesboro TN 37128

Issuer Name and Ticker or Trading Symbol
 NationalHealthCare Corporation [NHC]

Period Of Report
 12/31/2016

**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 at End of Fiscal Year (Instr. 4)	10. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
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	\$62.78						06/02/2016	06/02/2021	Common Stock	7,500		7,500	D	

Explanation of Responses:
 (1) - Transaction totaled on the line below.

By: Ernest G. Burgess III by Kristina Hulsey, P.O.A. 2/9/2017
 **Signature of Reporting Person Date