Olivier J Greg Form 4 April 23, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB**

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per 0.5

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. 30(h) of the Investment Company Act of 1940 See Instruction

response...

1(b).

Common

Common

Stock

Stock

04/22/2009

(Print or Type Responses)

1. Name and A Olivier J Gr	Address of Reporting reg	Symbol	er Name and Ticker or Trading HORIZON NATIONAL [FHN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N		of Earliest Transaction	Director 10% Owner X Officer (give title Other (specify			
11110111101	RIZON NATION TION, 165 MAD	AL 04/21/2	Day/Year) 2009	below) EVP and Chief Credit Officer			
	(Street)	4. If Am	endment, Date Original	6. Individual or Joint/Group Filing(Check			
MEMPHIS,	, TN 38103	Filed(Mo	onth/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Stata)	(7:n)					
(City)	(State)	(Zip) Tab	ole I - Non-Derivative Securities A	cquired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	04/21/2009		F 59 D \$ 11.2	2 67,013.362 D			

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

F

60

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

66,953.362

 $7,373 \stackrel{(2)}{=}$

(1)

D

I

\$

11.88

D

401(k)

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required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
						Date	Expiration Date	01 Title N			
						Exercisable			lumber		
				C 1 W	(A) (D)		of				
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Olivier J Greg FIRST HORIZON NATIONAL CORPORATION 165 MADISON AVENUE MEMPHIS, TN 38103

EVP and Chief Credit Officer

Signatures

/s/ John A. Niemoeller, attorney-in-fact

04/23/2009

**Signature of Reporting Person

Date

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) Balance includes adjustment for quarterly stock dividend(s).
- (2) End-of-period total may not include adjustment reflecting exempt acquisitions under Issuer's 401(k) Plan.

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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