#### FIRST HORIZON NATIONAL CORP

Form 4 May 16, 2016

# FORM 4

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

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Tuggle Charles T Jr Issuer Symbol FIRST HORIZON NATIONAL (Check all applicable) CORP [FHN] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify X\_ Officer (give title (Month/Day/Year) below) 165 MADISON AVENUE 05/12/2016 **EVP** and General Counsel (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

MEMPHIS	, TN 38103		Form filed by More than One Reporting Person									
(City) (State) (Zip)			ole I - Non-	-Derivative Securities Acqu	ired, Disposed of, o	r Beneficially	lly Owned					
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired (A)	5. Amount of	6.	7. Nature of					
Security	(Month/Day/Year)	Execution Date, if	Transactio	oror Disposed of (D)	Securities	Ownership	Indirect					
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form:	Beneficial					
		(Month/Day/Year)	(Instr. 8)		Owned Following	Direct (D)	Ownership					
					Reported	or Indirect	(Instr. 4)					

		(Month/Day/Tear)	Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	05/12/2016		F	5,178 (1)	D	\$ 13.76	227,436.2749	D	
Common Stock	05/13/2016		S	2,764 (2)	D	\$ 13.7032	224,672.2749	D	
Common Stock							8,367	I	401(k) Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

\_X\_ Form filed by One Reporting Person

### Edgar Filing: FIRST HORIZON NATIONAL CORP - Form 4

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Year) erivative eccurities ecquired A) or isposed ((D) nstr. 3,		Underly Securiti (Instr. 3	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Tuggle Charles T Jr 165 MADISON AVENUE MEMPHIS, TN 38103

**EVP** and General Counsel

### **Signatures**

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

05/16/2016

\*\*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).
- Reflects mandatory withholding of shares to pay required withholding taxes associated with vesting of performance stock unit award **(1)** granted previously.
- Sale of shares intended to cover tax obligations associated with award payments in 2016 to date, to the extent actual taxes are expected to exceed taxes required to be withheld in normal payroll processes, and for other purposes.

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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