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FIRST HORIZON NATIONAL CORP

Form 3 July 03, 2007

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Olivier J Greg

(Last)

(First) (Middle) Statement

(Month/Day/Year)

07/01/2007

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

FIRST HORIZON NATIONAL CORP [FHN]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

FIRST HORIZON NATIONAL CORPORATION, Â 165 MADISON AVENUE

(Street)

Director _X__ Officer

(Check all applicable)

EVP and Chief Credit Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

MEMPHIS. TNÂ 38103

(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

401(k)

Direct (D) or Indirect (I)

(Instr. 5)

Common Stock

839

D

Common Stock

360 (1)

Â

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

Ι

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.

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security**

4. Conversion or Exercise

Ownership Form of

6. Nature of Indirect Beneficial

Ownership

1

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	Date Exercisable	Expiration Date	(Instr. 4)		Price of	Derivative	(Instr. 5)
			Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Options (Right to buy)	01/03/2005(2)	07/01/2014	Common Stock	1,106	\$ 22.6	D	Â
Stock Options (Right to buy)	04/20/2010(3)	04/20/2014	Common Stock	25,781	\$ 39.66	D	Â
Stock Options (Right to buy)	04/22/2008(3)	04/22/2012	Common Stock	2,125	\$ 40.34	D	Â
Stock Options (Right to buy)	04/21/2009(3)	04/21/2013	Common Stock	2,088	\$ 40.71	D	Â
Stock Options (Right to buy)	07/20/2007(3)	07/20/2011	Common Stock	7,500	\$ 44.85	D	Â
Stock Options (Right to buy)	02/17/2007(4)	02/17/2011	Common Stock	3,198	\$ 45.73	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
1	Director	10% Owner	Officer	Other	
Olivier J Greg FIRST HORIZON NATIONAL CORPORATION 165 MADISON AVENUE MEMPHIS, TN 38103	Â	Â	EVP and Chief Credit Officer	Â	

Signatures

Clyde A.
Billings, Jr.

**Signature of Reporting Person

O7/03/2007

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) End-of-period total includes adjustment reflecting exempt acquisitions under Issuer's 401(k) Plan. Information is as of the latest available statement.
- Options are exercisable 50% after 3 yrs, 100% after 4 yrs, with vesting accelerated if issuer stock price equals or exceeds \$62.54 on 2/17/07 or on 5 consecutive days before 2/18/07.
- (3) Options are exercisable 50% after 3 yrs, 100% after 4 yrs.
- (2) Option granted in lieu of compensation. Exercise price = 50% of grant date FMV. 50% discount = amount of compensation deferred. 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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