Edgar Filing: FIRST HORIZON NATIONAL CORP - Form 4

FIRST HORIZ Form 4 April 25, 2006	ZON NATION	JAL CORF	•								
FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN 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						OMB Number: Expires: Estimated a burden hou response	irs per			
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> KEEN JAMES F			2. Issuer Name and Ticker or Trading Symbol FIRST HORIZON NATIONAL CORP [FHN]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) FIRST HORIZON NATIONAL CORPORATION, 165 MADISON AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 04/21/2006					Director 10% Owner X Officer (give title Other (specify below) below) EVP & Controller			
MEMPHIS, 7	(Street) 4. If Amer Filed(Mont MEMPHIS, TN 38103				-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	emed on Date, if Day/Year)	3. Transactio Code (Instr. 8)	Disposed (Instr. 3,	l (A) o l of (D 4 and (A) or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/21/2006			Code V $A^{(1)}$	Amount 587	(D) A	Price \$ 0	61,827	D		
Common Stock								15,222 <u>(2)</u>	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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to buy)	\$ 40.71	04/21/2006		A	2,936	04/21/2009 <u>(3)</u>	04/21/2013	Common Stock	2,936

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
KEEN JAMES F FIRST HORIZON NATIONAL CORPORA 165 MADISON AVENUE MEMPHIS, TN 38103	TION		EVP & Controller				
Signatures							
by Clyde A. Billings, Jr., attorney-in-fact	04/25/2006						
<u>**</u> 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) Grant of restricted stock under 2003 Equity Compensation Plan. Restrictions lapse 50% after 3 years, 100% after 4 years.
- (2) End-of-period total may include adjustment reflecting exempt acquisitions under Issuer's 401(k) Plan.
- (3) 4/21/06 Grant: Options are exercisable 50% after 3 years, 100% after 4 years.

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.