## Report of Organizational Actions Affecting Basis of Securities

See separate instructions.

## Part I Reporting Issuer

Fait Reporting	ISSUEI					
1 Issuer's name	_	2 Issuer's employer identification number (EIN)				
NATIONAL RETAIL PROP	PERTIES, INC.	56-1431377				
3 Name of contact for additional information		4 Telephone No. of contact		5 Email address of contact		
MR. CHRIS BARRY		407-265-7348		INVESTORRELATIONS@NNNREIT.COM		
	O. box if mail is not de	livered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
450 S ORANGE AVE, SUI	TE 900	ORLANDO, FL 32801				
8 Date of action		9 Classi	fication and description			
		-	NATOOK			
2/15/2017, 5/15/2017, 8/15/2017, 11/15/2017         COMMON STOCK           10 CUSIP number         11 Serial number(s)         12 Ticker symbol         13 Account number(s)						
637417106			NNN			
				ack of form for additional questions.		
				gainst which shareholders' ownership is measured for		
				RLY CASH DISTRIBUTIONS TO ITS COMMON		
		and the second se	15/2017, 05/15/2017, 08/15			
OF CALITAL. THE DIGHT						
	2					
15 Describe the quantitat	tive offect of the organ	aizational actic	on on the basis of the security in	n the hands of a U.S. taxpayer as an adjustment per		
share or as a percentage of old basis  THE BASIS OF THE SECURITY SHOULD BE REDUCED BY 13.6013% OF THE TOTAL DISTRIBUTION RECEIVED.						
BIOTRIBOTIONTRECEIVE						
	0					
16 Describe the calculati	on of the change in h	asis and the d	ata that supports the calculation	n, such as the market values of securities and the		
	-			SOCIATED WITH THE 2017 TAX YEAR WHICH		
			TED EARNINGS AND PROP			
<						

Form 8937	(12-20	17) NATIONAL RETAIL PRO	PERTIES, INC.	56-14	131377	Page <b>2</b>	
Part II	(	Drganizational Action (continued)					
17 Lis	st the	applicable Internal Revenue Code section(s)	and subsection(s) upon which the tax trea	tment is based			
I.R.C. SE	ECTI	DN 301(c)(2)					
	0						
						ч. 	
3							
<b>18</b> Ca	an anv	resulting loss be recognized? ► N/A					
10 04	an any						
••••••							
-							
<b>10</b> Dec	ovido	any other information necessary to impleme	nt the adjustment, such as the reportable to				
		DJUSTMENT IS FROM THE 2017 TAX Y		ax year •			
	Und	er penalties of perjury, I declare that I have examined	I this return, including accompanying schedules an	d statements, and to	the best of my kno	wledge and	
	belie	f, it is true, correct, and complete. Declaration of pre	parer (other than officer) is based on all informatior	n of which preparer ha	as any knowledge.		
Sign		ature L. R. Hut					
Here	1/16/20	)18					
Print your name KEVIN B. HABICHT Title EXECUTIVE VICE P							
Deid		your name	Preparer's signature	Title ► EXEC	Check if	PTIN	
Paid Prepare		The type preparers name		Suit	self-employed		
Use On		Firm's name		I	Firm's EIN		
000 011		Firm's address			Phone no.		
Send Forr		7 (including accompanying statements) to: [	Department of the Treasury. Internal Reven	ue Service, Ogder		54	