Edgar Filing: HCA Healthcare, Inc. - Form 4

HCA Health Form 4 May 15, 201								
FORM		COMMISSION		PPROVAL 3235-0287				
Check th if no long subject to Section 1 Form 4 c Form 5 obligatio may cont <i>See</i> Instr 1(b).	ger 5 STATEN 16. 5 Filed pur ^{ns} tinue. Section 17(IENT OF CHA suant to Section a) of the Public	ashington, D.C. 20549 NGES IN BENEFICIAL O SECURITIES 16(a) of the Securities Excha Utility Holding Company Act Investment Company Act of 1	WNERSHIP OF age Act of 1934, of 1935 or Section		rs per		
(Print or Type]	Responses)							
1. Name and Address of Reporting Person <u>*</u> Davis Jana Joustra			er Name and Ticker or Trading Healthcare, Inc. [HCA]	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	Middle) 3. Date	of Earliest Transaction	(Chec	Check all applicable)			
ONE PARK	X PLAZA	(Month 05/11/	/Day/Year) /2017	Director 10% Owner X Officer (give title Other (specify below) below) SVP - Mktg. & Corp. Affairs				
Filed(Mc			nendment, Date Original Ionth/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
NASHVILLE, TN 37203								
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Securities A	cquired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, in any (Month/Day/Year	Code (Instr. 3, 4 and 5)	 Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	05/11/2017		S 8,302 D \$ 85.0	36 580	D			
Common Stock				51,950	I	By GRAT (Spouse, Trustee)		

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

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 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. Transactio Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Davis Jana Joustra ONE PARK PLAZA NASHVILLE, TN 37203			SVP - Mktg. & Corp. Affairs			
Signatures						
/s/ Natalie Harrison Cline, Attorney-in-Fact	05/15/2017					
**Signature of Reporting Person		1	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).

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.