## Edgar Filing: HCA INC/TN - Form 4

HCA INC/T Form 4 July 06, 2003 <b>FORN</b> Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	5 <b>1 4</b> UNITED S is box ger STATEM 6. r Filed purs inue. Section 17(a	<b>IENT OF</b> suant to S a) of the F	Was	hington GES IN SECUI 6(a) of th ility Hol	, D.C. 20 BENEF ATTIES ne Securi ding Con	<b>)549</b> TCIA ties E npany	L OW	COMMISSION NERSHIP OF ge Act of 1934, of 1935 or Section 40	OMB Number: Expires: Estimated burden hou response	urs per		
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> FITZGERALD JAMES A JR			2. Issuer Name <b>and</b> Ticker or Trading Symbol HCA INC/TN [(HCA)]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005					(Check all applicable)						
ONE PARK PLAZA						Officer (give title Other (specify below) below) SVP-Supply Chain Operations						
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative	Securi	ities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V				(Instr. 3 and 4)	-			
Stock	07/01/2005			A <u>(1)</u>	509	А	\$0	14,352	D			
Common Stock	07/01/2005			F	211	D	\$0	14,141	D			
Common Stock								3,483	Ι	By 401(k)		
Common Stock								940	I	By Spouse		

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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Literensuore	Duit		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FITZGERALD JAMES A JR ONE PARK PLAZA NASHVILLE, TN 37203			SVP-Supply Chain Operations					
Signatures								
By: /s/ John M. Franck II, Attorney-in-Fact		07/	06/2005					

<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) Pursuant to the HCA Inc. Amended and Restated Management Stock Purchase Plan, which includes tax withholding rights, shares acquired at a 25% discount (\$38.14) and subject to the terms and conditions of the Plan.

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.