

TENET HEALTHCARE CORP  
 Form 4  
 March 04, 2003  
 SEC Form 4

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| <p align="center"><b>FORM 4</b></p> <p>[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).</p> <p>(Print or Type Responses)</p> | <p><b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br/>                 Washington, D.C. 20549</p> <p><b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP</b></p> <p>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</p> | <p align="center">OMB APPROVAL</p> <hr/> <p>OMB Number: 3235-0287<br/>                 Expires: January 31, 2005<br/>                 Estimated average burden hours per response: . . . . 0.5</p> |
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| <p>1. Name and Address of Reporting Person*</p> <p><b>Kerrey, J. Robert</b></p> <hr/> <p>(Last) (First)<br/>                 (Middle)<br/> <b>New School University - Office of the President</b><br/> <b>66 West 12th Street</b></p> <hr/> <p>(Street)<br/> <b>New York, NY 10036</b></p> <hr/> <p>(City) (State)<br/>                 (Zip)<br/> <b>U.S.A.</b></p> | <p>2. Issuer Name and Ticker or Trading Symbol</p> <p><b>Tenet Healthcare Corporation THC</b></p> | <p>6. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br/> <input type="checkbox"/> Officer <input type="checkbox"/> Other</p> <hr/> <p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person<br/> <input type="checkbox"/> Form filed by More than One Reporting Person</p> |
| <p>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)</p>   | <p>4. Statement for Month/Day/Year</p> <p align="center"><b>February 28, 2003</b></p>             | <p>5. If Amendment, Date of Original (Month/Day/Year)</p>  |

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                      |  |   |  |   |   |   |
|--|--------------------------------------|--|---|--|---|---|---|
| 1. Title of Security (Instr. 3)  | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code and Voluntary Code (Instr. 8) | 4. Securities Acquired (A) or Disposed (D) Of (Instr. 3, 4, and 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) |
|  |                                      |  | Code   V  | Amount  <br>A/D   Price  |   |   |   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  
 \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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. (over)  
 SEC 1474 (9-02)

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**Form 4 (continued)**

| 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 | 3. Transaction Date | 3A. Deemed Execution Date, if any | 4. Transaction Code | 5. Number of Derivative Securities | 6. Date Exercisable(DE) and Expiration Date(ED) | 7. Title and Amount of Underlying Securities | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially | 10. Ownership Form of | 11. Nature of Indirect Beneficial Ownership |
|  |                                    |                     |                                   |                     |                                    |   |  |                                 |   |                       |   |

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|                                       | Derivative Security | (Month/Day/Year) | (Month/Day/Year) | and Voluntary (V) Code (Instr.8) | Acquired (A) or Disposed (D) Of (Instr. 3,4 and 5) | (Month/Day/Year)        | (Instr. 3 and 4)      | (Instr.5) | Owned Following Reported Transactions (Instr.4) | Derivative Security: Direct (D) or Indirect (I) (Instr.4) | (Instr.4) |
|---------------------------------------|---------------------|------------------|------------------|----------------------------------|--|-------------------------|-----------------------|-----------|---|---|-----------|
|                                       |                     |                  |                  |                                  |  | (DE)   (ED)             |                       |           |   |   |           |
| Stock Units (1)                       | \$0.00              | 02/28/2003       | 02/28/2003       | A                                | (A) 1,712  | (2)   (2)               | Common Stock - 1,712  | \$18.17   | 6,015   | D   |           |
| 2002 B Director Option (Right to Buy) | \$28.75             |                  |                  |                                  |  | 10/31/2002   10/31/2012 | Common Stock - 18,000 |           | 18,000  | D   |           |
|                                       |                     |                  |                  |                                  |  |                         |                       |           |   |   |           |

Explanation of Responses :

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
*See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).  
/s/ J. Robert Kerrey  
 \*\* Signature of Reporting Person  
 Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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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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**Form 4 (continued)**

**FOOTNOTE Descriptions for Tenet Healthcare Corporation  
 THC**

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**J. Robert Kerrey  
 New School University - Office of the President  
 66 West 12th Street  
 New York, NY 10036**

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**Explanation of responses:**

(1) These Stock Units were accrued under the Company's Deferred Compensation Plan.

(2) Stock Units are settled in shares of the Company's common stock upon termination of service.

