

TRIAD HOSPITALS INC
Form 4
December 10, 2004

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
SHELTON JAMES D

(Last) (First) (Middle)

5800 TENNYSON PARKWAY

(Street)

PLANO, TX 75024

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
TRIAD HOSPITALS INC [TRI]

3. Date of Earliest Transaction
(Month/Day/Year)
12/09/2004

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

Chairman, President, CEO

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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 (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (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 or Price (A) or (D)		
Common Stock	12/09/2004		M		150,000 A \$ 9.375	400,740	D
Common Stock	12/09/2004		M		142,300 A \$ 11.5	543,040	D
Common Stock	12/09/2004		S		200 D \$ 37.21	542,840	D
Common Stock	12/09/2004		S		72,400 D \$ 37.2	470,440	D
Common Stock	12/09/2004		S		1,000 D \$ 37.1	469,440	D

Edgar Filing: TRIAD HOSPITALS INC - Form 4

Common Stock	12/09/2004	S	10,000	D	\$ 37.05	459,440	D	
Common Stock	12/09/2004	S	3,900	D	\$ 37.03	455,540	D	
Common Stock	12/09/2004	S	900	D	\$ 37.02	454,640	D	
Common Stock	12/09/2004	S	2,100	D	\$ 37.01	452,540	D	
Common Stock	12/09/2004	S	201,800	D	\$ 37	250,740	D	
Common Stock in HCA Inc. 1995 Management Stock Purchase Plan						443	D	
Common Stock in HCA Inc. Employee Stock Purchase Plan						104	D	
Common Stock in Triad Retirement Savings Plan ESOP Acct						644	I	By ESOP
Common Stock in Triad Retirement Plan Stock Fund						158	I	By 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.

SEC 1474
(9-02)

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

Edgar Filing: TRIAD HOSPITALS INC - Form 4

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. Transaction Code (Instr. 8)	5. Number of 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 Security (Instr. 3 and 4)	Ar Nu Sh	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Ar Nu Sh
Non-qualified option (right to buy)	\$ 9.375	12/09/2004		M	150,000	04/27/2001 05/26/2009	Common Stock	15	
Non-qualified option (right to buy)	\$ 11.5	12/09/2004		M	142,300	04/27/2001 06/10/2009	Common Stock	14	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SHELTON JAMES D 5800 TENNYSON PARKWAY PLANO, TX 75024	X		Chairman, President, CEO	

Signatures

Donald P Fay,
Attorney-in-fact
12/10/2004

**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).

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.