WILLIS GARY D Form 4 July 05, 2005

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response...

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

0.5

1(b).

(Print or Type Responses)

| 1. Name and WILLIS G | 2. Issuer Name and Ticker or Trading Symbol LIFEPOINT HOSPITALS, INC. [LPNT] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--------------------------------------|---|----------|--|----------------------------------|---------------|---|---------------|--|--|---|--|
| (Last) | (First) | (Middle) | | of Earliest Day/Year) 2005 | Transactio | n | | Director 10% OwnerX Officer (give title Other (specify below) Vice President and Controller | | | |
| (City) | (Street) | (7:n) | 4. If Amendment, Date Original Filed(Month/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 Person | | | |
| (City) | (State) | (Zip) | Tal | ble I - Non | -Derivativ | e Sec | urities Acqu | uired, Disposed o | f, or Beneficia | ally Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | Code (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) | |
| Common Stock | 06/30/2005 | | | A | 75 <u>(1)</u> | A | \$ 28.93 | 15,455 | D | | |
| Common Stock | 07/01/2005 | | | A | 240 (2) | A | \$ 31.6247 | 15,695 | D | | |
| Common Stock | | | | | | | | 593 (3) | I | By Retirement Plan | |

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

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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 Derivative | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. onNumber | 6. Date Exerc | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|-----------------|----------------|---------------------|--------------------|----------------|--|------------------------|---|
| Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of | | | Under Secur | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WILLIS GARY D

Vice President and Controller

Signatures

Reporting Person

/s/ Gary D. 07/05/2005 Willis **Signature of 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) These shares were purchased by the reporting person pursuant to LifePoint Hospitals, Inc.'s Employee Stock Purchase Plan.
- (2) These shares were purchased by the reporting person pursuant to LifePoint Hospitals, Inc.'s Management Stock Purchase Plan.
- (3) Share amounts reflected for the retirement plan are estimates based on unit accounting and based upon a July 1, 2005 value of \$50.54 per share.

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.

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