HCA Holdings, Inc. Form 4 January 11, 2017

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number: January 31, Expires: 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

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting 1 Cuffe Michael S.      | Sym   | ssuer Name <b>and</b> Tic<br>ool<br>A Holdings, Inc. | 5. Relationship of Reporting Person(s) to Issuer |  |                 |                       |
|--|-------|--|--|--|-----------------|-----------------------|
| (Last) (First) (M  |       | te of Earliest Transa                                |  | (Check   | call applicable | )                     |
| (Last) (First) (I  | ,     | ith/Day/Year)  | iction   | Director   | 10%             | Owner                 |
| ONE PARK PLAZA   | `     | 9/2017   |  | Officer (give below)                             |                 |                       |
|  |       |  |  | President-                                       | Physician Serv  | rices                 |
| (Street)   | 4. If | Amendment, Date C                                    | riginal  | 6. Individual or Joi                             | int/Group Filin | g(Check               |
|  | Filed | (Month/Day/Year)                                     | Applicable Line)                                 |  |                 |                       |
| NASHVILLE, TN 37203                                      |       |  |  | _X_ Form filed by O<br>Form filed by M<br>Person | 1 0             |                       |
| (City) (State)   | (Zip) | Γable I - Non-Deriv                                  | vative Securities Acq                            | uired, Disposed of,                              | , or Beneficial | ly Owned              |
| 1.Title of 2. Transaction Date Security (Month/Day/Year) |       |  | Securities Acquired ) or Disposed of (D)         | 5. Amount of Securities                          | 6.<br>Ownership | 7. Nature<br>Indirect |

| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securion(A) or D (Instr. 3, | ispose<br>4 and<br>(A)<br>or | d of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------|--------------------------------------|---|--|--------------------------------|------------------------------|----------|--|--|---|
| Common<br>Stock                      | 01/09/2017                           |   | M(1)                                   | 4,300                          | A                            | \$ 17.33 | 11,886.0681<br>(2)   | D  |   |
| Common<br>Stock                      | 01/09/2017                           |   | S(1)                                   | 4,300                          | D                            | \$ 78    | 7,586.0681 (2)   | D  |   |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Edgar Filing: HCA Holdings, Inc. - Form 4

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) |   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number on 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<br>Underlying Securitie<br>(Instr. 3 and 4) |                                    |
|---|---|---|--------------------------------------|---|--|---|--|--------------------|---|------------------------------------|
|   |   |   |                                      |   | Code V                                 | (A) (D)   | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amou<br>or<br>Numb<br>of<br>Shares |
| Sto   | n-Qualified<br>ck Option<br>tht to buy) | \$ 17.33  | 01/09/2017                           |   | M <u>(1)</u>                           | 4,300   | (3)  | 11/02/2021         | Common<br>Stock   | 4,30                               |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cuffe Michael S. ONE PARK PLAZA NASHVILLE, TN 37203

President-Physician Services

## **Signatures**

/s/ Kevin A. Ball, Attorney-in-Fact

01/11/2017

\*\*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) The option exercises and sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- (2) Includes 1,054.0681 shares acquired under the HCA Holdings, Inc. Employee Stock Purchase Plan
- (3) The option vested in two equal annual installments beginning on November 2, 2014.

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.

Reporting Owners 2