## Edgar Filing: DEPARLE NANCY ANN - Form 4

DEPARLE N	ANCY ANN											
Form 4												
May 04, 2018	}											
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL		
	UNITED	STATES		ITIES Al hington, l			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this if no longe								Expires:	January 31,			
subject to	STATEN	AENT OF		GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average		
Section 16	<b>.</b>	SECURITIES					burden hou	irs per				
Form 4 or Form 5	1711 - 1			(a) a <b>f</b> 41a a	<b>G</b>	<b>F</b> -	1	A . 4 . 6 1024	response	0.5		
obligation	· ·						-	ge Act of 1934, f 1935 or Sectio	n			
may contin	nue.			/estment (	•	- ·			11			
See Instruction 1(b).	ction	50(11) 0			company	, 1100	. 01 17	10				
-(-).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *       2. Issuer         DEPARLE NANCY ANN       Symbol         HCA He				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				1.1				(Check all applicable)				
				althcare,	Inc. [HC	A						
			Earliest Transaction									
ONE DADK			(Month/Da	•				X_ Director 10% Owner Officer (give title Other (specify				
ONE PARK PLAZA 05			05/02/20	018				below) below)				
			4. If Amen	ndment, Date Original				6. Individual or Joint/Group Filing(Check				
			h/Day/Year)				Applicable Line)					
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NASHVILLI	E, TN 37203							Person		cporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	te 2A. Deen	ned	3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	) Execution	n Date, if	Transactio	FransactionAcquired (A) or			SecuritiesFBeneficially(IOwnedI	Form: Direct	Indirect Beneficial Ownership (Instr. 4)		
(Instr. 3)		any (Manth/D	<b>N (N</b> )	Code Disposed of (Instr. 8) (Instr. 3, 4 a					D) or			
		(Month/D	Jay/Year)				5)		Indirect (I) (Instr. 4)			
						(A)		Reported	()			
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	05/02/2018			A(1)	1,790	А	\$0	14,662	D			
Stock				_	,		, -					

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 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. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code N	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				
DEPARLE NANCY ANN ONE PARK PLAZA NASHVILLE, TN 37203	Х							
Signatures								
/s/ Kevin A. Ball, Attorney-in-Fact		05/04/2018						
**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) Represents common stock underlying 1,790 restricted share units which shall vest on the sooner of the date of the Issuer's 2019 annual shareholders' meeting or the first anniversary of the grant date.

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.