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DAVITA HEALTHCARE PARTNERS INC.

Form 4

August 19, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2 Jaguar Nama and Tiakar or Trading

OMB 3235-0287

OMB APPROVAL

Number:

Expires:

5 Relationship of Reporting Person(s) to

D

D

D

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. See Instruction 1(b).

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

08/17/2015

08/17/2015

08/17/2015

Stock

Stock

Stock

Common

Common

DAVIDSON CAROL ANTHONY			HONY Symbol DAVI	FA HEALTHCARE NERS INC. [DVA]	Issuer (Check all applicable)			
		(First) (TA HEALTHCA S INC., 2000 167	(Month) RE 08/17/	of Earliest Transaction Day/Year) 2015	X Director 10% Owner Officer (give title below) Other (specify below)			
(Street) DENVER, CO 80202				nendment, Date Original onth/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-Derivative Securities Acq	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person uired, 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. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4)			
	Common	08/17/2015		M 7500 A \$37.05	5 14 700 D			

7,500

3,462

4.038

D

D

\$ 37.055 14,790

79.9318 7,290

11,328

\$ 80.28

(1)

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

M

F

S

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SEC 1474 (9-02)

Common

Stock

7,500 12/02/2011(2) 12/02/2015

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. Transactic Code (Instr. 8)	5. Number to for 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 A Underlying S (Instr. 3 and	Securi
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nur of Shar
Stock								C	

M

Reporting Owners

\$ 37.055

Reporting Owner Name / Address Relationships

08/17/2015

Director 10% Owner Officer Other

DAVIDSON CAROL ANTHONY C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202



Signatures

Appreciation

Rights

by Arturo Sida as attorney-in-fact 08/19/2015

**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).
- Represents the weighted average sale price of \$79.9318. The range of prices for the sale of these shares was \$79.90 \$79.97, rounded to (1) the nearest hundredths. The reporting person undertakes to provide upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.
- (2) The Stock Appreciation Rights were granted on 12/2/2010 and vested 25% each on 12/2/2011, 12/2/2012, 12/2/2013, and 12/2/2014.

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.

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