## Edgar Filing: DAVITA INC - Form 4

DAVITA INC	C											
Form 4												
April 04, 200	5											
FORM	4										PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this	or									Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER					NERSHIP OF	Estimated average burden hours per					
Section 16												
Form 4 or									response	0.5		
Form 5 obligation	<b>^</b>							-	ge Act of 1934,			
may conti									f 1935 or Sectio	n		
See Instru	ction	30(h)	of the Inv	vestmen	t C	Company	y Act	of 19	40			
1(b).												
(Print or Type R	esponses)											
× 71	1											
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of							Reporting Person(s) to					
DEPARLE N	NANCY ANN	I	Symbol	U				0	Issuer			
-				A INC [DVA]					(Charle all applicable)			
(Last) (First) (Middle) 3. Date of			3 Date of	e of Earliest Transaction					(Check all applicable)			
(Mont				Month/Day/Year) 5/24/2004					_X_ Director10% Owner Officer (give titleOther (specify			
				mendment, Date Original Month/Day/Year)					below)     below)       6. Individual or Joint/Group Filing(Check			
									Applicable Line) _X_ Form filed by One Reporting Person			
FL SEGUNI	DO, CA 90245	5								Nore than One Re		
LL SLOUIN	<i>JO</i> , <i>C</i> <u>I</u> <i>JOZ</i> +.	J							Person			
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction l		emed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Execution any	on Date, if			nAcquired				Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)						•	Indirect (I)	Ownership		
		(		(	,	(		- )	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	03/31/2005			A <u>(1)</u>		72	А	\$0	2,367	D		

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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative 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 Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy) (2)	\$ 30.66	05/24/2004		A <u>(3)</u>	12,000	05/24/2005	05/24/2009	Common Stock	12,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
DEPARLE NANCY ANN 601 HAWAII STREET EL SEGUNDO, CA 90245	Х						
Signatures							
/s/ Corinna B. Polk Attorney-in-Fact		04/04/2005					
**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) Grant of Restricted Stock Units pursuant to the 2002 Equity Compensation Plan which vest on 03/31/06.
- (2) On a pre-split basis, the award is for 8,000 Non-Qualified stock options at \$45.99.
- (3) Non-Qualified Stock Options granted under the 2002 Equity Compensation Plan which vest 6,000 on 5/24/05 and 6,000 on 5/24/06.

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.