

TENET HEALTHCARE CORP
 Form 3
 April 01, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Evans Jason Eric		(Month/Day/Year)	TENET HEALTHCARE CORP [THC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
1445 ROSS AVENUE,Â SUITE 1400		03/22/2016	(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
DALLAS,Â TXÂ 75202			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below) (specify below)	
			Pres. of Hospital Operations	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,072	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
2012 April Restricted Stock Units	Â (1)	Â (1)	Common Stock (2)	18,750	\$ (1)	D	Â
2014 February Restricted Stock Units	Â (3)	Â (3)	Common Stock (2)	1,000	\$ (3)	D	Â
2015 February Restricted Stock Units	Â (4)	Â (4)	Common Stock (2)	2,334	\$ (4)	D	Â
2015 April Restricted Stock Units	Â (5)	Â (5)	Common Stock (2)	2,612	\$ (5)	D	Â
2016 March Restricted Stock Units	Â (6)	Â (6)	Common Stock (2)	7,844	\$ (6)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Evans Jason Eric 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202	Â	Â	Â Pres. of Hospital Operations	Â

Signatures

Anthony L. Shoemaker, as Attorney-in-Fact for J. Eric Evans 04/01/2016

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 restricted stock units vest in full on April 30, 2017.
- (2) Restricted stock units are settled in shares of the Company's common stock upon vesting.
- (3) These restricted stock units vest in full on February 26, 2017.
- (4) Half of these restricted stock units vest on each of February 25, 2017 and 2018.
- (5) One-third of these time-based restricted stock units vest on each of April 30, 2016, 2017 and 2018.
- (6) One-third of these time-based restricted stock units vest on each of March 10, 2017, 2018 and 2019.

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.