TENET HEALTHCARE CORP

Form 4 March 03, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

3235-0287 Number: January 31,

Expires: 2005 Estimated average

burden hours per response...

0.5

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

PITTS KEITH B

2. Issuer Name and Ticker or Trading

Symbol

TENET HEALTHCARE CORP

[THC]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 03/01/2017

1445 ROSS AVENUE, SUITE 1400

(Street)

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

Vice Chairman

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

DALLAS, TX 75202

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (T) (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

(A) Code V Amount (D) Price

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.

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

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amoun Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date** Underlying Securiti Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4)

Edgar Filing: TENET HEALTHCARE CORP - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numb Share
2017 March Restricted Stock Units	(1)	03/01/2017		A	68,458		<u>(1)</u>	<u>(1)</u>	Common Stock	68,4
2017 March Performance Stock Options (Right to Buy)	\$ 18.99	03/01/2017		A	152,568		(2)	03/01/2027	Common Stock	152,

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PITTS KEITH B 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202

Vice Chairman

Signatures

Anthony L. Shoemaker, as Attorney-in-Fact for Keith B. Pitts

03/03/2017

**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) These time-based restricted stock units vest in one-third increments on each of the first, second and third anniversaries of the date of grant. Restricted stock units are settled in shares of the Company's common stock upon vesting.
- These performance-based stock options vest on the third anniversary of the date of grant, subject to the satisfaction of a stock price (2) performance condition requiring the Company's common stock price to close at or above \$23.74 per share for any 20 consecutive trading days during the three-year period following the date of grant.

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