TENET HEALTHCARE CORP

Form 4 May 17, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31,

2005 Estimated average

0.5

burden hours per response...

Expires:

if no longer subject to Section 16. Form 4 or

obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Form 5

(Print or Type Responses)

05/13/2016

Stock (1)

1. Name and Address of Reporting Person * UNRUH JAMES A 2. Issuer Name and Ticker or Trading Symbol TENET HEALTHCARE CORP [THC] 5. Relationship of Reporting Person(s) Issuer (Check all applicable)					
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 2. Director 2. 10% Owner (Special Section (Month/Day/Year) 05/13/2016 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.					
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Che	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person	**				
	Form filed by More than One Reporting				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow	ned				
1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Na	ture of				
Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect Indire	ect				
(Instr. 3) any Code Disposed of (D) Beneficially (D) or Bene	ficial				
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Own	ership				
Following (Instr. 4) (Instr.	. 4)				
(A) Reported (Transaction(a)					
or Transaction(s)					
Code V Amount (D) Price (Instr. 3 and 4)					
Common 7,984					

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

A

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.

D

\$0

59,071

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

(1)

Edgar Filing: TENET HEALTHCARE CORP - Form 4

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	t of ying es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

UNRUH JAMES A

1445 ROSS AVENUE
SUITE 1400
DALLAS, TX 75202

Signatures

Anthony L. Shoemaker, as Attorney-in-Fact for James A. Unruh

05/17/2016

**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 restricted stock units granted under the Company's Stock Incentive Plan. Each restricted stock unit is the economic equivalent (1) of one share of the Company's common stock. All of these restricted stock units vested immediately on the grant date and will be settled in shares of common stock on the third anniversary of the date of grant (unless deferred settlement has been elected).

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