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TENET HEALTHCARE CORP Form 3 November 10, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

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 <u>*</u> BYRNES JOHN P | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol TENET HEALTHCARE CORP [THC] | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------|--|
| (Last) (Fi | rst) | (Middle) | 11/02/2016 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| 1445 ROSS AVENUE, SUITE 1400 | | | | (Check all applicable) | | | | | |
| (Str | reet) | | | | X_ Director 10% Owner Officer Other (give title below) (specify below) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting | |
| DALLAS, TXA | 75202 | 2 | | | | · · · · | | Person Form filed by More than One Reporting Person | |
| (City) (Sta | ate) | (Zip) | ſ | Fable I - N | on-Derivat | ive Securiti | es Bei | neficially Owned | |
| 1.Title of Security (Instr. 4) | | | I | 2. Amount of Beneficially ((Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | • | |
| Reminder: Report on owned directly or inc | - | e line for eac | ch class of securi | ities beneficia | ^{ally} S | EC 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 (<i>e.g.</i> , puts, calls, warrants, options, convertible securities) | | | | | | | | | |

| 1. Title of Derivative Security | 2. Date Exercisable and | | 3. Title and Amount of | | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|-------------------------|------------------------|----------------------------------|-------------|--------------------|-----------------------|
| (Instr. 4) | Expiration Da | ate | Securities Underlying | | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | | Derivative Security | | or Exercise | Form of (Instr. 5) | |
| | Dete | Expiration able Date | (Instr. 4) | | Price of | Derivative | Derivative |
| | | | Title | Amount or Number of Shares | Derivative | Security: | |
| | Date | | The | | Security | Direct (D) | |
| | Exercisable | | | | | or Indirect | |
| | | | | | | (I) | |

OMB APPROVAL

| OMB Number: | 3235-0104 |
|----------------|---------------------|
| Expires: | January 31, 2005 |
| Estimated a | verage |
| burden hour | s per |
| response | 0.5 |

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|---------------------------------------------------------------------|------------|-----------|---------|-------|--|--|--|
| i O | Director | 10% Owner | Officer | Other | | | |
| BYRNES JOHN P 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202 | ÂX | Â | Â | Â | | | |
| Signatures | | | | | | | |
| Anthony L. Shoemaker, as Atto Byrnes | 11/10/2016 | | | | | | |
| **Signature of Repo | Date | | | | | | |
| | | | | | | | |

Explanation of Responses:

No securities are beneficially owned

* 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).

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Remarks:

No securities are beneficially owned.

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.