Edgar Filing: TENET HEALTHCARE CORP - Form 4

TENET HE Form 4 March 03, 2	CALTHCARE CO 2017	RP										
FORM	ЛД										PPROVAL	
-	UNITED	STATES		RITIES A shington				GE	COMMISSIO	N OMB Number:	3235-0	287
Check t if no lou subject Section Form 4 Form 5	nger STATEN to STATEN 16. or			SECU	RITI	ES		VNERSHIP OF	Estimated burden hou response	ted average hours per		
obligati may con <i>See</i> Inst 1(b).	ons Section 17(ruction	a) of the l	Public U		ding	Com	pany .	Act	of 1935 or Secti			
(Print or Type	Responses)											
1. Name and FETTER 1	2. Issuer Name and Ticker or Trading Symbol TENET HEALTHCARE CORP						5. Relationship of Reporting Person(s) to Issuer					
			[THC]						(Check all applicable)			
(Last) (First) (Middle) 1445 ROSS AVENUE, SUITE 1400			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017					X Director 10% Owner X Officer (give title Other (specify below) below) Chairman and CEO				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
DALLAS,	TX 75202								Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Deriva	ative S	ecuriti	ies Ao	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. 4. Securities te, if TransactionAcquired (A) or Code Disposed of (D) Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amo	ount ((D) P	rice	(Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially	y owne	ed direc	ctly of	r indirectly.			
					in re di	nforma equire	ation o d to re s a cu	conta espo	pond to the colle ained in this forn nd unless the fo tly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Derivative	Expiration Date	Underlying Securiti
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	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	<u>(1)</u>	03/01/2017		А		157,978		<u>(1)</u>	(1)	Common Stock	157,
2017 March Performance Stock Options (Right to Buy)	\$ 18.99	03/01/2017		A		352,080		<u>(2)</u>	03/01/2027	Common Stock	352,

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner Officer		Other					
FETTER TREVOR 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202	Х		Chairman and	1 CEO					
Signatures									
Anthony L. Shoemaker, as Atto Fetter	or (03/03/2017							

**Signature of Reporting Person

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.

Date

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.