## Edgar Filing: HCA Holdings, Inc. - Form 4

Form 4	-									
March 17, 20 FORM Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti	March 17, 2011 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction						OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type R	esponses)									
MEYERS GEOFFREY G Sy			2. Issuer Name <b>and</b> Ticker or Trading mbol CA Holdings, Inc. [HCA]				5. Relationship of Reporting Person(s) to Issuer			
ONE PARK PLAZA 03/15/ (Street) 4. If An			3. Date of Earliest Transaction Month/Day/Year) )3/15/2011				(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)			
			Amendment, Date Original I(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
NASHVILL	E, TN 37203						Form filed by N Person	Aore than One Re	eporting	
(City)	(State) (	Zip) Tabl	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	n(A) or Dis (D) (Instr. 3, 4	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/15/2011		Р	10,000	А	\$ 30	19,167	D		

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

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 Acquired, Disposed of, or Beneficially Owned

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

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exer Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	•	any (Month/Day/Year)	Code (Instr. 8)	of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	s I	Year)	Underlying Securities (Instr. 3 and	Security (Instr. 5) 4)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amou or Numb of Shares	ber	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
MEYERS GEOFFREY G ONE PARK PLAZA NASHVILLE, TN 37203	Х					
Signatures						
/s/ Natalie Harrison Cline, Attorney-in-Fact		03/				
**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).

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.