### Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA H Form 4 May 24, 20	IEALTHCARE P.	ARTNER	S INC.								
										PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check t				0	,				Expires:	January 31,	
if no lor subject Section Form 4	F CHAI		BENEF	ICIA	ERSHIP OF	Estimated a burden hour response	urs per				
Form 5 obligati- may con <i>See</i> Inst 1(b).	ons ntinue. ruction	(a) of the l	Public U	Jtility Ho	lding Cor	npan	U	Act of 1934, 935 or Section			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> THIRY KENT J								5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(Last) (First) (Middle)			(Month/Dav/Year) –					X Director 10% Owner X Officer (give title Other (specify below) below)			
	TA HEALTHCA S INC., 2000 167		05/20/2	2016			U	· ·	man and CEO		
				iled(Month/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DENVER,	CO 80202						-	Form filed by Me Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deeme (Month/Day/Year) Execution I any (Month/Da		Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8) (A)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V		or (D)	Price \$	(Instr. 3 and 4)			
Stock	05/20/2016			S	32,880	D	76.9945 (1)	39,184	D		
Common Stock								458,994	I	By Thiry O'Leary Living Trust UAD 3/8/1990	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
THIRY KENT J C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202	Х		Chairman and CEO			
Signatures						
/s/ Arturo Sida, 05/24/2016 Attorney-in-Fact						

\*\*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 the weighted average sale price of \$76.9945. The range of prices for the sale of these shares was \$76.99-\$77.01, rounded to
(1) the nearest hundredth. The reporting person undertakes to provide upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.

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.