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DAVITA HEALTHCARE PARTNERS INC.

Form 4

November	04, 2014								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL		
	UNIII	ED STATE		RITIES AND ashington, D		COMMISSION	OMB Number:	3235-0287	
if no lo	Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	January 31, 2005	
Section Form 4	16.			SECURIT	TIES		Estimated a burden hour response		
Form 5	Filed	pursuant to	Section	16(a) of the S	Securities Exchang	e Act of 1934,	100001100	0.0	
obligati may co		17(a) of the	Public V	Jtility Holdin	g Company Act of	f 1935 or Section	l		
See Inst		30(h)) of the l	nvestment Co	ompany Act of 194	40			
(Print or Type	Responses)								
1. Name and Address of Reporting Person *_ Valine Roger			2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Issuer				Reporting Person(s) to		
				TA HEALTH NERS INC. [(Check all applicable)			
(Last)	(First)	(Middle)		of Earliest Trans Day/Year)	saction	X Director Officer (give t	itleOthe	Owner or (specify	
C/O DAVITA HEALTHCARE PARTNERS INC., 2000 16TH		11/03/	•		below)	below)			
STREET									
	(Street)		4. If An	nendment, Date	Original	6. Individual or Joi	int/Group Filin	g(Check	
			Filed(M	onth/Day/Year)		Applicable Line)			
DENVER,	CO 80202					_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Ta	ble I - Non-Der	ivative Securities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security	2. Transaction I (Month/Day/Ye				Securities Acquired (A Disposed of (D)	5. Amount of Securities	6. Ownership	7. Nature of Indirect	

(Chij)	(State)	Tab	le I - Non-	Derivative	Secui	rities Acquii	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit boor Dispos (Instr. 3, 4	ed 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	11/03/2014		M	12,000	A	\$ 31.32	28,530	D	
Common Stock	11/03/2014		F	4,815	D	\$ 78.07	23,715	D	
Common Stock	11/03/2014		S <u>(1)</u>	7,185	D	\$ 77.8465	16,530	D	

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

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SEC 1474 (9-02)

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

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Transacti Code (Instr. 8)	or Disposed of (D) (Instr. 3, 4,		Expiration Date (Month/Day/Year)		Underlying Securiti (Instr. 3 and 4)	
			Code V	and 5	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Stock Appreciation Rights	\$ 31.32	11/03/2014	M		12,000	06/07/2011	06/07/2015	Common Stock	12,0

Reporting Owners

Reporting Owner Name / Address Relationships

3 Transaction Data 3A Danmad

Director 10% Owner Officer Other

Valine Roger C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202



Signatures

1 Title of

/s/ Kim M. Rivera 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).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 5/5/2014.
- Represents the weighted average sale price of \$77.8465. The range of prices for the sale of these shares was \$77.60 \$78.08, rounded to (2) the nearest hundredths. 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 purchased or 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.

Reporting Owners 2