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DAVITA HEALTHCARE PARTNERS INC.

Form 4 July 13, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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obligations may continue. See Instruction

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

1(b).

Stock

(Print or Type	Responses)										
JIGANTI JEANINE MARIE Symbol DAV			Symbol DAVIT					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				bay/ rear)				Director10% Owner Symbol Officer (give title Other (specify below) Chief Compliance Officer			
	(Street)	(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
DENVER,	CO 80202						Ī	erson	ore man one ke	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code (Instr. 3, 4 and 5)				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	07/11/2016			M(1)	938	A	\$ 48.68	5,716	D		
Common Stock	07/11/2016			F(1)	585	D	\$ 78.07	5,131	D		
Common Stock	07/11/2016			S(1)	353	D	\$ 78.5118 (2)	4,478	D		
Common	07/11/2016			S(1)	938	D	\$	3,840	D		

\$ 78.5131

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(3)

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)

1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed	Expiration Date		7. Title and Amount Underlying Securiti (Instr. 3 and 4)	
				Code V	of (D) (Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
Stock Appreciation Rights	\$ 48.68	07/11/2016		M		07/09/2013(4)	07/09/2017	Common Stock	938

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JIGANTI JEANINE MARIE C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202			Chief Compliance Officer				

Signatures

/s/ Arturo Sida, Attorney-in-Fact 07/13/2016

**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 exercise and sales reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 1, 2016.

Reporting Owners 2

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- Represents the weighted average sale price of \$78.5118. The range of prices for the sale of these shares was \$78.49 \$78.53, rounded to (2) 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.
- Represents the weighted average sale price of \$78.5131. The range of prices for the sale of these shares was \$78.49 \$78.52, rounded to (3) 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.
- (4) The Stock Appreciation Rights were granted on 7/9/2012. 25% vested on 7/9/2013, then 6.25% vested every three months thereafter. 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.