Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA HEALTHCARE PARTNERS INC.

Form 4 May 17, 2016

FORM 4

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

OMB APPROVAL OMB 3235-0287 Number:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, 2005

Section 16. Form 4 or Form 5 obligations

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Estimated average burden hours per response...

Expires:

may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

0.5

10% Owner

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * JIGANTI JEANINE MARIE

2. Issuer Name and Ticker or Trading

Issuer

Symbol

DAVITA HEALTHCARE PARTNERS INC. [DVA]

(Check all applicable)

Chief Compliance Officer

5. Relationship of Reporting Person(s) to

(Last)

(First) (Middle) 3. Date of Earliest Transaction

Director X_ Officer (give title Other (specify below)

C/O DAVITA HEALTHCARE PARTNERS INC., 2000 16TH

STREET

4. If Amendment, Date Original

(Instr. 8)

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

05/13/2016

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

DENVER, CO 80202

(City) (State) (Zip)

(Street)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially (D) or Owned Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Indirect (I) Ownership (Instr. 4)

(9-02)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Price (D)

\$0

Common Stock

05/13/2016

Code V Amount $A^{(1)}$ 1,323

4,778 (2)

D

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 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)

Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number op f Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of Sha
Stock Appreciation Rights	\$ 75.42	05/13/2016		A	5,292	05/13/2019(3)	05/13/2021	Common Stock	5,

Reporting Owners

Reporting Owner Name / Address	Relationships					
4	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 for Jeanine M.
Jiganti
05/17/2016

**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 Restricted Stock Units were granted on 5/13/2016. 50% will vest on 5/15/2019 and the remaining 50% will vest on 5/15/2020.
- (2) This amount includes 330 shares acquired under Issuer's employee stock purchase plan on 12/31/2015.
- (3) The Stock Appreciation Rights were granted on 5/13/2016. 50% will vest on 5/13/2019 and the remaining 50% will vest on 5/13/2020.

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