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

DAVITA HE Form 4 July 05, 2016	EALTHCARE PA	RTNERS INC								
FORM	1					NGE	COMMISSIO	-	APPROVAL 3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations may continue. See InstructionFiled 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 						Expires: Estimated burden ho response	Expires:January 31, 2005Estimated average burden hours per response0.5			
1(b). (Print or Type R	esponses)									
DESOER BARBARA J Symbolic DAV			Issuer Name <b>and</b> Ticker or Trading ubol VITA HEALTHCARE RTNERS INC. [DVA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da C/O DAVITA HEALTHCARE 06/30/20 PARTNERS INC., 2000 16TH STREET							X_ Director10% Owner Officer (give titleOther (specify below) below)			
	(Street)		nendment, Da Ionth/Day/Year	-	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DENVER, C	CO 80202						Form filed by Person			
(City)	(State) (	Zip) Ta	ble I - Non-E	Derivative	Secur	ities Ao	cquired, Disposed	of, or Benefic	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3, Amount	(A) of (D	)	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	06/30/2016		А	307	А	\$0	307	D		
Common Stock							642	I	By Marc J. Desoer and Barbara J. Desoer 1998 Trust dated September 7, 1998.	

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

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
DESOER BARBARA J C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202		Х					
Signatures							
/s/ Arturo Sida, Attorney-In-Fact	07/05/2016						
**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).

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.