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

#### DAVITA HEALTHCARE PARTNERS INC.

Form 4

February 18, 2014

## FORM 4

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

OMB Number: 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Nissenson	Person *	2. Issuer Name and Ticker or Trading Symbol DAVITA HEALTHCARE PARTNERS INC. [DVA]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)  C/O DAVI PARTNER STREET	3. Date of Earliest Transaction (Month/Day/Year) 02/13/2014					Director 10% Owner Officer (give title Other (specify below)					
	(Street)			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DENVER, CO 80202							– P	Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non	<b>Derivative</b>	Secui	rities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)			ate, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of 6. 7. Nat Securities Ownership Indirect Beneficially Form: Beneficially Owned Direct (D) Owner Following or Indirect (Instr. Reported (I) Transaction(s) (Instr. 4)		
Common Stock	02/13/2014			M	13,168	A	\$ 23.13	16,128 (1)	D		
Common Stock	02/13/2014			F	4,591	D	\$ 66.35	11,537	D		
Common Stock	02/13/2014			S	2,547	D	\$ 66.1601	8,990	D		

(2)

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

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

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.

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ar or Nu of
Stock Appreciation Right	\$ 23.13	02/13/2014		M	13,168	03/02/2010(3)	03/02/2014	Common Stock	13

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Nissenson Allen C/O DAVITA HEALTHCARE PARTNERS INC. **2000 16TH STREET** DENVER, CO 80202

Chief Medical Officer

## **Signatures**

/s/ Kim M. Rivera 02/18/2014 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) Includes 452 shares issued on 12/31/2013 pursuant to the Employee Stock Purchase Plan.
- The range of prices for the sale of these shares was \$66.16 \$66.1601. The filer undertakes to provide staff, the issuer or a security holder full information regarding the number of shares sold at each separate price.
- Stock Appreciation Rights, pursuant to the DaVita Inc. 2002 Equity Compensation Plan, (as amended and restated, the "DaVita (3) HealthCare Partners Inc. 2011 Incentive Award Plan," effective June 6, 2011), which vested 25% on the first anniversary of the grant date, 8.33% on the 20th month following the grant date, and 8.33% every four 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.

Reporting Owners 2